



COVID-19 Screening Form

COVID-19 SCREENING FORM FOR PASD ATHLETICS & ACTIVITIES

Please complete this form to assess your potential exposure to or diagnosis of COVID-19 or other illnesses.

Student Name: _____ Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian Phone Number: _____

School District: _____

2020-21 Year in School: _____

GENDER: () MALE () FEMALE

DOB: _____ Age: _____

| Question | YES | NO |
|--|-----|----|
| Do you have a family or household member diagnosed with the COVID-19 virus currently or in the past? | | |
| Have you had any of the following symptoms in the past two weeks? | | |
| • Fever | | |
| • Cough | | |
| • Shortness of breath or difficulty breathing | | |
| • Shaking chills | | |
| • Chest pain, pressure, or tightness | | |
| • Fatigue or difficulty with exercise | | |
| • Loss of taste or smell | | |
| • Persistent muscle aches or pains | | |
| • Sore Throat | | |
| • Nausea, vomiting, or diarrhea | | |
| Do you have moderate to severe asthma, a heart condition, diabetes, or a weakened immune system? | | |



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Have you been diagnosed or tested positive for COVID-19 infection?

YES NO

DATE OF TEST: ___ / ___ / ___

If you had COVID-19 infection,

- During the infection, did you suffer from chest pain, pressure, tightness or heaviness, or experience difficulty breathing or unusual shortness of breath?
 YES NO
- Since the infection, have you had new chest pain or pressure with exercise, new shortness of breath with exercise, or decreased exercise tolerance?
 YES NO

****Should any of your information/answers change, please notify the school's administration IMMEDIATELY.***

Student-Athlete Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



COVID Disclosure and Release Activity Participation Form Addendum

COVID DISCLOSURE AND RELEASE ACTIVITY PARTICIPATION FORM ADDENDUM DURING COVID-19 PANDEMIC

Student Name: _____

School: _____ Grade: _____

Parent/Guardian Name(s): _____

Activity/Sport//Event/Field Trip: _____

COVID-19 NOTICE FROM PORT ANGELES SCHOOL DISTRICT

The novel coronavirus ("COVID-19") has been classified by the World Health Organization as a global pandemic and has spread across the state of Washington. COVID-19 is a new disease and the state of scientific and medical knowledge regarding COVID-19 is limited and evolving. There remain unknowns regarding how the disease is spread and contracted and there is currently no known treatment, cure, or vaccine for COVID-19. COVID-19 is reported to be highly contagious and spread easily from person to person. **COVID-19 may result in serious illness, debilitating injury, or death.** Older adults and people of any age, including children, who have serious underlying medical conditions might be at higher risk for severe illness or death from COVID-19.

The District has put in place measures in an effort to reduce the spread of COVID-19. However, notwithstanding any such efforts, it is simply not possible to guarantee that COVID-19 is not present nor to prevent you or your child from becoming exposed to, contracting, or spreading COVID-19. By entering District premises, attending school in-person, attending or participating in District activities in-person, and/or attending or participating in **[this Activity/Sport//Event/Field Trip]** ("Activity"), you and your child are exposed to the risk of contracting or spreading COVID-19. By participating in certain activities associated with greater rates of disease transmission, you and your child are exposed to a high risk of contracting or spreading COVID-19. Activities that may pose a high risk for COVID-19 include (but are not limited to): group transportation, singing, choir, exercise, athletics, and any activity where people are closer than 6 feet apart, any large gathering of people indoors, and this Activity.

ASSUMPTION OF RISK, WAIVER OF LIABILITY, HOLD HARMLESS AGREEMENT

Assumption of Risk for COVID-19: I understand that my child's participation in this Activity is voluntary and is not required. By signing below, I acknowledge that I have carefully read the above; understand the risks of COVID-19 associated with entering District premises or facilities, attending school in-person, participating in District activities in-person, and/or participating in this Activity. I voluntarily assume such risks, including the risk of serious illness, debilitating injury, or death to my child and myself. By signing below, I further acknowledge that I understand that the risk of exposure to, contracting, or spreading COVID-19 may result from the acts, omissions, or negligence of myself and others, including but not limited to the District employees, agents, representatives, volunteers; other students, program participants, and their families; and/or other individuals who may be present in school facilities or in attendance at any school activity. I knowingly assume such risks, including the risk of serious illness, debilitating injury, or death to my child and myself.

Waiver of Liability/Hold Harmless: By signing below, and in consideration for providing my child the opportunity to participate in the Activity, I voluntarily agree to waive and discharge any and all claims against the District related to or arising out of COVID-19, and voluntarily release the District from liability for any exposure to or illness or injury from COVID-19, including claims for negligent actions of the District or its employees, agents, representatives, and volunteers related to or arising out of COVID-19, on behalf of myself and my child to the fullest extent allowed by law. By signing below, and in consideration for providing my child the opportunity to participate in the Activity, I agree to release, discharge, and hold harmless the District and its employees, agents, volunteers, and representatives from all



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liability, claims, causes of action, or demands, including attorney fees, fines, fees, or other costs (e.g. medical costs) arising out of any exposure to or illness or injury from COVID-19.

I certify that I am the parent and/or legal guardian of the above-named student OR am the above-named student and am 18 years of age or older, that I have read and understand the foregoing, and accept and agree to be bound by the terms and conditions of the above.

Signature of Parent/Legal Guardian/Student at least 18 years old

Date

Signature of Parent/Legal Guardian

Date