

## COVID-19 Symptom Screening Verification Form

All staff, teachers, and students participating in in-person classes should monitor themselves daily at home for any **symptoms that could be attributed to COVID-19:**

*fever (a temperature check =or>100.4 degrees Fahrenheit), sore throat, congestion, cough, difficulty breathing, headache, unexplained muscle and/or joint pain, chills, nausea, vomiting, diarrhea, loss of sense of smell, pink eye, increased fatigue, or feeling unwell.*

Persons with any of these symptoms, or with family members who have any of these symptoms, or have traveled or been exposed to anyone who tested positive for COVID-19 in the past 14 days, are to remain home and not enter the dance facility.

Anyone entering the dance facility must submit this signed COVID-19 Symptom Screening Verification Form before being granted access to classes.

By signing, I acknowledge my understanding of the *Reign Dance Theater* Release and Waiver of Liability and Indemnity Agreement signed at the time of class registration, and have reviewed the COVID-19 Preparedness Plan for attending in-person classes at this time. I understand and accept the risks involved and agree to do everything on my part to mitigate the risk and spread of COVID-19.

The following student, \_\_\_\_\_, has been temperature checked and screened for the above listed symptoms related to COVID-19 today before coming to the dance facility. This student has not had any of the above symptoms, or traveled, or to the best of my knowledge been exposed to anyone testing positive for COVID-19 in the past 14 days.

**By coming to the dance facility or sending your student to the dance facility today or at any future date, you are consenting to this form and are stating by your presence that you, your student, and any members of your household are all negative for all of the COVID-19 symptoms listed above.**

Student's name: \_\_\_\_\_

Parent's name: \_\_\_\_\_

Student's signature: \_\_\_\_\_

Parent's signature, if student is a minor: \_\_\_\_\_

Date signed: \_\_\_\_\_