

In-Person Unit Meeting & Activity COVID-19 Declaration Form For Participants

(Required to be submitted for every Minor Child, Patrol Advisor, Unit Leader or Parent attending an in-person meeting or activity)

If you have any reason to believe that you or your minor child is sick (persistent cough or sore throat, runny nose, fever, chills or any other COVID-19 symptoms) please do not attend any in-person meetings or activities for the safety of all Troop/Pack/Crew/Patrol/Den (Unit) members. Call or email to notify the Unit leadership of any health-related matters or updates.

Within 14 days immediately preceding the date of this Health Declaration Form, I OR MINOR CHILD have not:

- Tested positive or presumptively positive with the Coronavirus or been identified as a potential carrier of the COVID-19 virus or similar communicable illness ("Coronavirus");
- Experienced any symptoms commonly associated with the Coronavirus;
- Been in any location positively designated as hazardous and/or potentially infected with the Coronavirus by a recognized health or regulatory authority, such as a country for which the Center for Disease Control and Prevention ("CDC") issued a Level 3 Travel Advisory for Coronavirus;
- Been in direct contact with or the immediate vicinity of any person known and/or now known to be carrying the Coronavirus or has been identified as a potential carrier of the Coronavirus.

I AGREE to notify the Unit leadership via email or phone call of any change in status, including diagnosis with Coronavirus and/or quarantine or other illness. I WILL, wear a mask (of the specifications recommended by the Unit) at all times while in attendance at a Troop/Pack pa meeting, and/or activity.

I WILL consent to having my temperature taken, and my child's temperature taken, by a Unit representative or designated Covid Monitor.

I understand that the Unit will use its best efforts to maintain a safe and healthy environment using best practices derived from the CDC, LADPH, Scouts BSA, WLACC, and any other local authority.

I ACKNOWLEDGE and ACCEPT that this declaration will be considered as my consent to participate in Troop/Pack in-person meetings and activities.

Parent or Participant - Printed

Date

Parent or Participant Name -Signature

Scout's Name

Unit COVID-19 Health Questionnaire for Participants

***This questionnaire must be completed on the day of the meeting/activity
Please prepare to turn in this form to the volunteer responsible for check-in procedures.***

Be advised: you will not be able to attend meetings or activities without this form.

Name: _____ Date: _____

Screening Questions		YES	NO
	Do you have a fever, or have you felt feverish recently?		
	Do you have a cough?		
	Are you having shortness of breath or any difficulty breathing?		
	Do you have chills or repeated shaking with chills?		
	Do you have any muscle aches or pain?		
	Have you had any nausea or vomiting?		
	Do you have any recent onset of headache or sore throat?		
	Do you have any other flu-like symptoms?		
	Do you have any recent loss of taste or smell?		
	Have you experienced any recent GI upset or diarrhea?		
	Are you in contact with anyone who has been confirmed to be COVID-19 positive?		
	In the past 14 days have you or a member of your household traveled on a commercial flight?		
	Have you tested positive for COVID-19 within the last 14 days?		

Unit Use Only:

Temperature upon arrival: _____

Name of check in person: _____