



Attendee COVID-19 Screening Form

This form must be completed by anyone planning to attend any in person Girl Scout activity during the 2021-2022 Girl Scout year. This form should be kept by troop leaders and will cover the entire year.

Attendee Name: _____ **Date:** _____

I have read, understand, and acknowledge that if attendee is experiencing any of the symptoms below during the 2021-2022 Girl Scout membership year, this could indicate a COVID-19 infection. Please note this list does not include all possible symptoms and children with COVID-19 may experience any, all, or none of the symptoms below.

Chills
Rigors (Shivers)
Myalgia (muscle Aches)
Nausea
Headache
Sore Throat
Diarrhea
Fatigue

Congestion or Runny Nose
Fever (Measured or Subjective)
Vomiting
Cough
Shortness of Breath
Difficulty Breathing
New Loss of Smell
New Loss of Taste

In the event attendee:

- **experiences any of the above symptoms**
- **has direct contact with a person who tested positive for COVID-19**
- **someone in my household is diagnosed with COVID-19**
- **has been advised to quarantine due to exposure**
- **has been advised to quarantine due to travel**

I agree to notify the leader that attendee is unable to participate in the troop meeting or Girl Scout activity/event.

In the event of a **positive COVID-19 test result**, I will notify **GSNNJ** so that a staff member can follow-up with others who may have been exposed. I understand that health information will be kept confidential.

By signing below, I agree to release and hold-harmless **Girl Scouts of Northern New Jersey, Inc., Girl Scouts of Northern New Jersey Troop** _____ and **volunteers** from and against all claims for damages and liability resulting from exposure to disease-causing organisms, such as COVID-19, and contaminated objects, as well as personal contact associated with participating in activities with the Girl Scouts.

Signature of parent/guardian: _____ **Date** _____