



# Attendee COVID-19 Screening Form

This form must be completed by anyone planning to attend any in person Girl Scout activity during the 2022-2023 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 2022-2023 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**
- **someone in my household is diagnosed with COVID-19**
- **has been advised to quarantine due to exposure**

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** \_\_\_\_\_