



2022-2023 MCPSS COVID-19 Parent Consent and Screening Form

Athlete Last Name _____

Athlete First Name _____

Date _____

Schools Athlete DOB _____

Grade in School _____ Phone Number _____

Please check beside the correct answer for each question below.

Yes/No Yes No Have you traveled outside of Alabama within the last 14 days?

Yes/No Yes No Have you had contact with a person with a suspected case of COVID-19?

Yes/No Yes No Have you had a fever within the last 14 days?

Yes/No Yes No Have you had any COVID-19 symptoms within the last 14 days listed below?
(Symptoms include: cough, difficulty breathing, shortness of breathe, chills, muscle pain, headache, nausea, vomiting, diarrhea, sore throat, loss of taste or smell, congestion, or any other possible symptoms not listed)

If yes, please explain:

Yes/No Yes No Do you have any pre-existsing or underlying health conditions?

If yes, please explain:

Yes/No Yes No Have you had a fever of 100.4 or greater over the last 14 days?

Student-Athlete Responsibilities

- Follow all rules, guidelines, and procedures by the school regarding COVID-19.
- Stay home and notify the coach if you are having any symptoms related to COVID-19.
- Sign up for DragonFly and make sure all eligibility requirements are completed.

Parent/Guardian Responsibilities

- Keep child at home if they are sick or showing any symptoms of COVID-19.
- Contact the coach if your child is home sick or showing symptoms of COVID-19.
- Follow all rules, guidelines, and procedures by the school regarding COVID-19.
- Sign up for DragonFly and complete all required eligibility forms for your athlete.

Responsibility of the School

- Please refer to the school(s) athletic plan for COVID-19.

Consent Agreement

This is an agreement that the student-athlete and parent/guardian understand all the rules, guidelines, and procedures by the school regarding COVID-19. Furthermore, the parent/guardian agrees to any school response deemed necessary in order to protect the safety of all student-athletes and staff members. Also, the parent/guardian agrees to provide accurate information and to notify the coach if the student-athlete(s) comes in contact, has symptoms, or may have come in contact with anyone infected with COVID-19. Transparency and communication will be extremely important.

By signing below, I/We agree to all of the above information.

Athlete Last Name _____ Athlete First Name

Date _____

Athlete Signature & Date _____ Date:

(1) Parent Last Name _____ (1) Parent First Name

Date _____

Parent Signature & Date _____ Date:

The local athletic director will review the information with the coach. The school will have the right to require more information after reviewing this form.

