

COVID-19 Checklist Form for Troop Activities 2020

Depending on troop expectations, this form may be utilized by troop leaders during the COVID-19 pandemic to ensure parent/guardian understanding of symptoms and/or risks. Troops may instead require the parent/guardian to do their own pre-check of the girl member prior to participation in each activity. The form is solely a tool, if needed by the troop leader.

Girl Name _____ Troop Number _____

COVID-19

Has the minor experienced any of these symptoms in the last 14 days?

Fever or chills

Headache

Cough

New loss of taste and/or smell

Shortness of breath or difficulty breathing

Sore throat

Fatigue

Congestion or runny nose

Muscle or body aches

Nausea or vomiting

Diarrhea

Has the minor come in close contact (within 6 feet for more than 15 minutes) with anyone with these symptoms in the last 14 days?

YES

NO

Has the minor come in close contact (within 6 feet for more than 15 minutes) with anyone that has tested positive for COVID-19?

YES

NO

If the answer is yes, when? _____

Is the minor in the "high risk" category for COVID-19? (If so, GSSI does not recommend participation.)

YES

NO

Has the minor been outside the country recently?

YES

NO

Guardian/Parent Signature _____ Date _____

Guardian/Parent Name (Printed) _____