



Mobile County Public Schools Fine & Performing Arts

**MCPSS COVID-19 Screening and Parent Consent Form**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_  
School: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please put an "X" beside the correct answer for each question below:

\_\_\_ Yes      \_\_\_ No      Have you traveled outside of Alabama within last 14 days?

\*If answered yes, please list all locations: \_\_\_\_\_

\_\_\_ Yes      \_\_\_ No      Have you had contact with a person with a confirmed case of COVID-19?

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

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

\_\_\_ Yes      \_\_\_ No      Have you had a forceful dry cough or productive cough within the last 14 days?

\_\_\_ Yes      \_\_\_ No      Have you had difficulty breathing or shortness of breath within the last 14 days?

\_\_\_ Yes      \_\_\_ No      Have you had chills or repeated shaking with chills within the last 14 days?

\_\_\_ Yes      \_\_\_ No      Have you had new unexplained muscle pain within the last 14 days?

\_\_\_ Yes      \_\_\_ No      Have you had a new or atypical headache for you within the last 14 days?

\_\_\_ Yes      \_\_\_ No      Have you had nausea, vomiting, or diarrhea within the last 14 days?

\_\_\_ Yes      \_\_\_ No      Have you had a sore throat within the last 14 days?

\_\_\_ Yes      \_\_\_ No      Have you been tested for COVID-19 in the last 14 days?

\_\_\_ Yes      \_\_\_ No      Have you had a recent sudden loss of taste or smell?

\_\_\_ Yes      \_\_\_ No      Have any pre-existing or underlying health conditions?

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

**Student Responsibilities:**

- I will provide my own face-covering, water bottles, towels, gloves, and etc.
- I will follow all rules, guidelines, and procedures by the school regarding COVID-19. (physical distancing).
- I will wear a face-covering if I can't maintain my 6ft physical distance and remain in common areas.
- I will stay home and notify my director if I have any symptoms of COVID-19.
- I will sanitize my hands upon entering school facilities.
- I will try not to touch my face, eyes, or nose with my hands without sanitizing.
- I will complete required forms prior to coming on campus:
  - Current AHSAA pre-participation physical
  - Parent Consent form

**Parent/Guardian Responsibilities:**

- I will have my child stay home if they are sick or showing any symptoms of COVID-19.
- I will contact the coach if my child is sick or showing symptoms of COVID-19.
- I will follow all guidelines, policies, and procedures by the school regarding COVID-19.
- I will make sure my son/daughter has all updated forms completed before coming on campus.
- I will watch a video regarding the school(s) policies for COVID-19.

**Responsibility of the school:**

- Please refer to the school's extra-curricular plan for COVID-19.

**Consent Agreement:**

**This is an agreement that the student and parent/guardian understand all the rules, guidelines, and procedures by the school regarding COVID-19. As a parent/guardian, I confirm that I have attended or watched a video regarding the local school extra-curricular COVID-19 plan. The Alabama State Department of Education has allowed schools to reopen for students to begin summer small group rehearsals. The local school plan should be reviewed and agreed upon prior to your student coming on campus. Furthermore, the parent/guardian agrees to any school response deemed necessary in order to protect the safety of all students and staff members. Also, the parent/guardian agrees to provide accurate information and to notify the director if the student comes in contact, has symptoms, or may have come in contact with anyone infected with COVID-19. Transparency and communication will be extremely important during this time.**

By signing below, I/We agree to all of the above information, and I/We are in agreement of the local school COVID-19 plan.

**Print** Student Name \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Print** Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Advice given based on the above responses: (to be completed by director and/or local administrator)**

\_\_\_\_\_ Clear      \_\_\_\_\_ Not Clear

Updated June 2020