

## NCHSAA Initial Screening Questions for Students to Participate in Athletic Activity During COVID-19

The NCHSAA believes it is essential to the physical, emotional, and mental well-being of students to return to athletic activity as soon as deemed safe. However, the health and safety of these student-athletes is vital. Therefore, we are requiring that all students wishing to be involved in athletics complete this form before being allowed to participate in ANY organized activity.

Answering these questions truthfully will allow all participants to receive the needed evaluation to safely return to athletics, while helping prevent other team members and coaches from being put at risk for contracting the COVID-19 virus or causing the quarantine of some individuals or possibly an entire team.

<b>Name</b>		
<b>Sport</b>		
<b>For the questions below, please circle yes or no</b>		
<b>YES</b>	<b>NO</b>	Since January 1, 2020 have you been told that you have had a positive test for COVID-19, <b>OR</b> have you been told by a Doctor, Physician Assistant or Nurse Practitioner that you had to quarantine (stay home) due to concern that you had COVID-19 symptoms?
<b>Today or in the past 2 weeks have you had any of the following symptoms:</b>		
<b>YES</b>	<b>NO</b>	A fever (temperature more than 100.4° Fahrenheit or 38° Celsius)?
<b>YES</b>	<b>NO</b>	Shaking chills?
<b>YES</b>	<b>NO</b>	A new or worsening cough, shortness of breath or difficulty breathing?
<b>YES</b>	<b>NO</b>	Racing heart, heart skipping beats or fluttering of the heart?
<b>YES</b>	<b>NO</b>	Unusual dizziness, particularly with exercise?
<b>YES</b>	<b>NO</b>	Fatigue or difficulty with exercise?
<b>YES</b>	<b>NO</b>	A sore throat different than associated with seasonal allergies?
<b>YES</b>	<b>NO</b>	New loss of taste or smell?
<b>YES</b>	<b>NO</b>	Nausea, vomiting or diarrhea?
<b>YES</b>	<b>NO</b>	Do you have anyone in your household who has been diagnosed with COVID-19 in the past 14 days?
<b>YES</b>	<b>NO</b>	Have you been in contact with anyone infected with COVID-19 in the past 14 days?

By signing this document, I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete: \_\_\_\_\_

Signature of parent/legal custodian: \_\_\_\_\_

Date: \_\_\_\_\_

# Buncombe County Schools

## Informed Consent

### Athletic and Extracurricular Activities / COVID-19

Name of Student \_\_\_\_\_ (Please Print)

Dear Parents & Legal Guardians,

Thank you for your continued patience and trust as we work to make in-person educational and extracurricular activities available to your student. The health and safety of your student and our community is our top priority. With the evolving situation around COVID-19, we want to make sure you and your student know the best ways to protect yourselves and others when participating in voluntary, extracurricular activities, including athletic activities.

As with the transmission of any communicable disease like a cold or the flu, you may be exposed to COVID-19, also known as "coronavirus," at any time or in any place. Be assured that we will continue to follow state and federal recommendations to limit transmission of COVID-19. All protocols are being vetted with local health officials prior to in-person activities.

However, even with careful attention to recommended precautions, there is still a chance that you or your child could be exposed to an illness while participating in extracurricular activities, just as you might be at your place of work, grocery store, or favorite restaurant. Additionally, although measures are being taken to increase physical distancing, due to the nature of the activities provided, it may not always be possible to maintain physical distancing between students, staff, and parents. In short, there are no guarantees that your student will not be exposed during in-person activities sponsored by Buncombe County Schools.

Again, participation is voluntary. Therefore, through your student's participation in the District's extracurricular activities, you understand and agree to the following:

1. Participation in voluntary extracurricular activities includes possible exposure to and illness from communicable diseases, including but not limited to a common cold, influenza, and COVID-19. While physical distancing may reduce this risk, there are unique health risks due to COVID-19, including serious illness and death, especially to those with underlying health conditions; and
2. Any District safety requirements or protocols for your student's participation in extracurricular activities must be followed by your student.

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Parent / Guardian Agreement:

I have read the contents of this Informed Consent to my student, including the risks of COVID-19 and participating in extracurricular activities and my student's personal responsibilities for adhering to any requirements for participation.

By signing below, I agree that I have read and understood this Informed Consent. By my signature below, I also agree that I am accepting the inherent risk of my student voluntarily engaging in the District's extracurricular activities. If the student resides in two or more households, my signature also confirms that a minimum of one responsible parent or guardian has signed from each household.

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian #1

\_\_\_\_\_  
Parent/Legal Guardian #1 Signature (if student is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian #2

\_\_\_\_\_  
Parent/Legal Guardian #2 Signature (if student is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_

\_\_\_\_\_