



Child's Name: \_\_\_\_\_

⇒ I agree that I will not send my child to Jump Start Gymnastics if they have a temperature over 100.4 & I understand my child's temperature will be taken upon entry at Jump Start Gymnastics.

⇒ I can answer "No" to the following three wellness screening questions on behalf of my child.

1. Are you experiencing any of the following symptoms of COVID-19?

- Fever
- Cough
- Sore Throat
- Difficulty Breathing or Shortness of Breath
- Muscle Aches
- Unusual Headache
- Loss of Taste or Sense of Smell
- Chills or Rigors (Rigors: a sudden feeling of cold with shivering accompanied by a rise in temperature)
- Gastrointestinal Concerns (Abdominal, pain, vomiting, diarrhea)

2. Is anyone in your household displaying any symptoms of COVID-19?

3. To the best of your knowledge, have you or anyone in your household come into close contact with anyone who has tested positive for COVID-19?

- Close contacts include household contacts, intimate contacts, or contacts within 6-ft. for 15 minutes or longer (10 minutes or longer for ambulatory care services) unless wearing N95 mask during period of contact

Parent Signature: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

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