

Parent Advisory and Acknowledgement

Participating in Extracurricular Activities/Sports During the COVID-19 Pandemic

While the Noxubee County School District complies with the State Department of Health and the Centers for Disease Control and Prevention infection control guidelines to prevent the spread of the COVID-19 virus, the Noxubee County School District cannot make any guarantees.

Our staff are symptom-free, to the best of our knowledge, and they have not been exposed to the virus. However, since we have many employees and visitors who come to our school/facilities, other persons could be infected, with or without their knowledge.

In order to reduce the risk of spreading COVID-19, we require that you respond, <u>on behalf of your child</u>, to a number of "screening" questions below. For the safety of our staff, your child and your family, please be truthful and candid in your answers.

Please answer "yes" or "no" along with your <u>initials</u> to the following questions:

Is your child or anyone in your immediate family currently awaiting the
results of a COVID-19 test?
Does your child have a fever?

Does your child have sho	rtness of breath?
Does your child have a dr	ry cough?
Does your child have a ru	inny nose?
Does your child have a so	ore throat?
	ezing, watery eyes, and/or sinus pain/pressure elated to seasonal allergies?
Has your child experience	ed headaches, fatigue, or weakness?
Has your child lost his/he	er sense of taste and/or smell?
Within the last 14 days, h country?	nas your child traveled to any foreign
Within the last 14 days, h States?	nas your child traveled within the United
If so, where?	
Parent(s) Signature	 Date
 Student-Athlete	 Date