

ELCCT INFORMED CONSENT FOR COVID-19 SCREENING OF PARTICIPANTS

I voluntarily consent and authorize ELCCT to conduct COVID-19 screening on the below named Child as their parent or guardian. I acknowledge and understand that my Child's COVID-19 screening will consist of taking their temperature one to two times a day. All temperatures will be logged daily and kept in a locked location.

I acknowledge and agree that ELCCT may disclose my child's screening results and associated personal information to appropriate county, state or other governmental and regulatory entities as may be permitted by law.

To the fullest extent permitted by law, I hereby release, discharge and hold harmless, ELCCT, including, without limitation, any of its respective officers, directors, employees, representatives and agents from any and all claims, liability, and damages, of whatever kind or nature, arising out of or in connection with any act or omission relating to the COVID-19 screening or the disclosure of my COVID-19 temperature results.

I have also been informed of the following pertaining to COVID-19:

- People who are 65 years and older and people of any age who have serious underlying medical conditions or are at higher risk for severe illness from COVID-19 are recommended to stay at home. A list of medical conditions associated with a higher risk of severe illness from COVID-19 can be found in CDC's guidance¹. Individuals and families should consult their healthcare providers to determine whether they have medical conditions that place them at risk.
- Staff and children living in households with individuals who are 65 years and older OR have higher risk of severe illness from COVID-19 are recommended to stay home.

Informed Consent for: _____ provided by:
Child Name

Parent/Guardian Name: _____

Address: _____

Day Phone: _____ Evening Phone: _____

Relationship to Child: Parent Legal Guardian

Signature

Date

¹ Includes chronic lung disease or moderate to severe asthma, serious heart condition, immunocompromised (cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications), severe obesity (body mass index [BMI] of 40 or higher), diabetes, chronic kidney disease undergoing dialysis and liver disease. Individuals should consult their healthcare provider to determine whether they have medical conditions that place them at increased risk for severe illness from COVID-19.