**Student’s ID: \_\_\_\_\_\_\_\_\_\_\_\_ Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_ Student’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE RETURN THIS PAPER TO THE SCHOOL IF YOU AGREE TO HAVE YOUR CHILD TESTED FOR COVID-19.**

I accept responsibility for participating in school-based screenings for COVID19 and for reporting all symptoms of illnesses to my parents, teacher, school nurse, coach, athletic trainer, or a designated school staff of any signs and symptoms of COVID-19 and also any close contact or exposure to COVID-19 to the best of my ability.

I have read and understand the above information on COVID-19. Furthermore, I give permission of participation for myself or that of my student. Note: By law the results of rapid testing will be reported to the Oklahoma State Department of Health. **Note: Consent is good for the School Year: \_\_\_\_\_ and may be revoked at any time.**

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**Name of Student/Staff (printed) Signature of Student Date**

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**Name of Parent/Guardian (printed) Signature of Parent/Guardian Date**

Phone Number to Contact for Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Name of Parent/Guardian (printed) Signature of Parent/Guardian Date**

Phone Number to Contact for Results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signs and Symptoms of COVID-19:**

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. It is important to note, it may be possible for someone to be a carrier of COVID-19; whereby, they do not have any symptoms but still may be contagious to others. Common symptoms of COVID-19 include the following:

**Recent loss of taste or smell Fever or chills**

**Cough Shortness of breath or difficulty breathing**

**Fatigue Muscle or body aches**

**Headache Sore throat**

**Congestion or runny nose Nausea or vomiting**

**Diarrhea Dizziness or unexplained rash**

This list does not include all possible symptoms. The CDC is a useful reference and will continue to update this list of symptoms as more is learned about COVID-19.

**How to prevent and prepare for COVID-19:**

**Practice social (physical) distancing:**

If you are around other people, keep at least 6 feet between you when possible. Avoid hugs, handshakes, large gatherings and close quarters. **Why?** The virus is spread mainly from person-to-person. When someone coughs or sneezes, they spray small liquid droplets from their nose or mouth, which may contain the virus. If you are too close, you can breathe in the droplets containing the coronavirus if the person coughing has the disease. Participation in sports programs can cause an increase in forceful respirations that may travel greater than 6 feet and therefore, can increase the risk of spreading COVID-19 to a participant or team.

**Wear a face covering in public:** Cover your mouth and nose with a face covering when around others and out in public, and whenever practical during sports activity. **Why?** You could spread COVID-19 to others even if you do not feel sick. The cloth face cover is meant to protect other people in case you are infected. Various styles of face coverings are available from cloth to surgical-style masks. The mask should fit comfortably and be worn properly over the nose and mouth.

**Practice strict hand hygiene:** Why? The virus can survive on certain surfaces for several hours. Wash your hands often. You can use regular soap and water as long as you scrub for at least 20 seconds. You can also use hand sanitizer containing at least 60% alcohol.

**Avoid touching eyes, nose and mouth:** Why? Hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose or mouth. Cover your mouth and nose witha tissue or the inside of your elbow when you cough or sneeze.

**Clean and disinfect “high-touch” surfaces:** Clean AND disinfect frequently touched surfaces at least daily. This includes tables, doorknobs, light switches, countertops,handles, desks, phones, keyboards, toilets, faucets, and sinks. If surfaces are dirty, first clean with detergent or soap and water, and then disinfect. Most common EPA registered household disinfectants, diluted household bleach solutions, and alcohol solutions with at least 60% alcohol will work.

**What do I do if I think I was exposed to an individual with COVID-19?**

Watch for symptoms: People with COVID-19 have reported a wide range of symptoms — ranging from mild to severe. Symptoms may appear 2-14 days after exposure to the virus.

• Contact your personal health care provider or use the CDC’s self-checker (CDC.gov) to help make decisions and seek appropriate medical care regarding COVID19.

• Talk to your healthcare provider about any other symptoms that are severe or concerning to you.

• If you are concerned about your status, get tested for COVID-19 right away. Even if you don’t have symptoms, you may be able to be tested after an exposure.

• Furthermore, follow your school procedures for notification.

**What do I do if I’m sick?:**

**Do not go to school or sports practice if you are sick.** After speaking with your personal healthcare provider, notify your school. Treatment is typically over the counter medications to help your symptoms. If you are sick with a fever (100.4°F/38°C or higher) or cough, have trouble breathing, or suspect you have COVID-19, here’s how to help prevent the disease from spreading to people in your home and community:

**➢ SELF-ISOLATE AT HOME ➢ GET A COVID-19 TEST ➢ STAY AWAY FROM OTHERS**

Resources: Center for Disease Control, [www.CDC.gov](http://www.CDC.gov)

Oklahoma State Department of Health, [www.coronavirus.health.ok.gov](http://www.coronavirus.health.ok.gov)