



COVID-19 Member Participation Waiver

Troop Leaders may use this waiver to collect the information below as an added safety precaution for participation in in-person troop meetings and activities.

Please answer the following questions related to your Girl Scout:

- | | |
|--|-----------|
| Does anyone in the household have a fever or above normal temperature? | Yes or No |
| Has she experienced any shortness of breath or had trouble breathing? | Yes or No |
| Does she have a dry cough or runny nose? | Yes or No |
| Has she been in contact with someone who has tested positive for COVID-19? | Yes or No |
| Has she tested positive for COVID-19? | Yes or No |
| Has she traveled outside the United States in the past 14 days? | Yes or No |
| Has she traveled outside of our region in the past 14 days? | Yes or No |

In the event of a positive COVID-19 test result, I will notify GSHS so that a staff member can follow-up with others who may have been exposed. I understand the health information of our members is confidential.

I fully understand and acknowledge the above information, and by signing this document, I acknowledge that the answers I have provided above are true and accurate.

Signature: _____ Date: _____