



**International
Academy**
SoCal

COVID-19 PANDEMIC - DISCLOSURES

This disclosure form seeks information from you that we must consider in the circumstance of the COVID-19 virus.

A weak or compromised immune system can put you at greater risk for contracting COVID-19. Please disclose to us any condition that compromises your child's immune system and understand that we may ask you to consider practice attendance after discussing any such condition with us.

It is also important that you disclose whether your child has experienced any signs or symptoms associated with the COVID-19 virus and not have your child attend practice if you answer "yes" to any of the questions below.

	Yes	No
Does your child currently have fever or above normal temperature? (please conduct a temperature check)		
Has your child experienced shortness of breath or had trouble breathing?		
Does your child currently have a dry cough?		
Does your child currently have a runny nose?		
Has your child recently lost or had a reduction in his/her sense of smell?		
Does your child currently have a sore throat?		
Has your child been in contact with someone who has tested positive for COVID-19?		
Has your child tested positive for COVID-19?		
Has your child been tested for COVID-19 and you are awaiting results?		
Has your child traveled outside the United States by air or cruise ship in the past 14 days?		
Is anyone in your household sick and not received a negative test for Covid 19?		

I fully understand and acknowledge the above information, risks and cautions regarding a compromised immune system and have disclosed any conditions in my child's health history which may result in a compromised immune system.

By signing this document, I, the undersigned parent or guardian of _____ (CHILD'S NAME) acknowledge that the answers I have provided above are true and accurate on behalf of my child. I will conduct these checks prior to every practice attendance for my child and will update LFCIA **immediately** should any answers change after the date originally signed.

Additionally, by signing this document, I, acknowledge that should my child test positive for COVID-19 following his/her return to practice, that I will immediately notify my child's coach; and that my child's coach is authorized to disclose to LFCIA and the team that a player on the team has tested positive for COVID 19, without identifying the child, unless I authorize the Coach/LFCIA to do so.

In addition, I acknowledge receipt of the the Cal South COVID-19 Prevention and Response Protocol [information sheet](#)

Parent/Guardian Signature

Parent/Guardian Name

Date