

COVID-19 Pandemic Consent Form

Even after following protocols set by the CDC, Iowa Department of Public Health, and our Extension Open for Iowa guidance, it is still possible to contract COVID-19 while at an Extension event. We are following all guidelines to minimize the risk of transmission.

- I(We) knowingly and willingly consent to attending the Chickasaw County 4-H and FFA Achievement Show during the COVID-19 pandemic. I(We) understand that the COVID-19 virus has a long incubation period during which carriers of this virus may not show symptoms and may still be highly contagious. _____ (Initial)
- I(We) understand that – due to the frequency of visits of other individuals, the characteristics of the COVID-19 virus, and the characteristics of a public setting – I(we) have an elevated risk of contracting the COVID-19 virus simply by being present. _____ (Initial)
- I(We) confirm that I(we) am(are) not presenting any of these COVID-19 symptoms: _____ (Initial)
 - Fever
 - Shortness of breath
 - Dry cough
 - Runny nose
 - Sore throat
- I(We) confirm that I(we) have not been in contact with a person who has been diagnosed with COVID-19 within the past 14 days. _____ (Initial)
- I(We) understand that air travel significantly increases my risk of contracting and transmitting the COVID-19 virus. And the CDC recommends social distancing of at least six feet for a period of 14 days to anyone who has recently traveled. _____ (Initial)
- I(We) verify that I(we) have not traveled outside the United States in the past 14 days. _____ (Initial)
- I(We) verify that I(we) have not traveled domestically within the United States by commercial airline, bus or train within the past 14 days. _____ (Initial)

Name: _____
(Printed Name)

Signature: _____
(Self or legal guardian if person is under 18)

Name: _____
(Printed Name)

Signature: _____
(Self or legal guardian if person is under 18)

Name: _____
(Printed Name)

Signature: _____
(Self or legal guardian if person is under 18)

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Name: _____
(Printed Name)

Signature: _____
(Self or legal guardian if person is under 18)

Name: _____
(Printed Name)

Signature: _____
(Self or legal guardian if person is under 18)

Today's Date: _____

****This form should only include members of the same household. Please fill out a separate form if you live in a different household.****