

NEW Lutheran High School Covid-19 Management Plan

Statement Acknowledging Receipt of Education and Responsibility to report signs or symptoms of covid-19 to be included as part of the NEW Lutheran High School Covid-19 Procedures Document.

I, _____ (*student/athlete name*), of NEW Lutheran High School acknowledge that I have to be an active participant in my own healthcare. As such, I have the direct responsibility for reporting all of my injuries and illnesses to the sports medicine staff of NEW Lutheran High School (e.g. team physician, athletic training staff). I am aware there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus “severe acute respiratory syndrome coronavirus 2 (SARS-coV-2),” which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof.

I recognize that my true physical condition is dependent upon an accurate medical history and full disclosure of any symptoms, complaints, prior injuries, and/or disabilities experienced. I hereby affirm that I have fully disclosed in writing any prior medical conditions and will also disclose any future conditions to the sports medicine staff at NEW Lutheran High School.

I further understand that there is a possibility that participation in my sport may result in contracting covid-19. I hereby acknowledge having received education about the signs, symptoms and risks of covid-19. I also acknowledge my responsibility to report to my coaches, sports medicine staff, and parent(s)/guardian(s) any signs or symptoms of a covid-19.

Signature and Printed Name of Student-Athlete

Date

I, the parent/guardian of the student-athlete named above, hereby acknowledge having received education about the signs, symptoms and risks of covid-19.

Signature and Printed Name of Parent/Guardian

Date