

Contact Tracing Form for Community Center Rentals
Parent / Guardian Release for Minors

This form must be completed by the parent or guardian before the participant can enter the facility.

I attest that the child listed below:

- Is not experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- Has not been diagnosed with Coronavirus/COVID-19, nor have they been exposed to someone with a confirmed or suspected case of the Coronavirus/COVID-19 within the last 14 days. If diagnosed with Coronavirus/COVID-19, they have complied with New York State Department of Health and CDC guidelines concerning the cessation of mandatory isolation.
- Is following state and local requirements and CDC recommended guidelines as much as possible to limit exposure to the Coronavirus/COVID-19.

Participant Name: _____

Parent / Guardian Printed Name: _____

Parent / Guardian Signature: _____

Contact Phone Number: _____

Date and Time: _____ Participant Temperature: _____

The Town of Grand Island is collecting this data for public health purposes only. In the event an individual experiences a confirmed case of COVID-19, this information will be communicated to the appropriate health officials. This information and any discussions with health officials are confidential. This means that your personal and medical information will be kept private and only shared with those who may need to know. Unless otherwise required by law, your name will not be revealed to those with whom you came into contact. The Town will take reasonable measures to safeguard and secure this data and will destroy this information after its preservation is no longer necessary to respond to the COVID-19 pandemic.