

**Contact Tracing Form for Youth Programs  
Parent / Guardian Release for Minors**

This form must be completed by the parent or guardian each day before the participant can enter the program.

I attest that my child:

- 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.
- 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: \_\_\_\_\_

Date and Time: \_\_\_\_\_ Temp. \_\_\_\_\_

**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.**