

Child's Name \_\_\_\_\_

**Club Courage Media Release, COVID-19 Safety Agreement, and Allergies**

**Media Permission**

I hereby give my permission to allow my child to be photographed/videotaped during his/her stay at Club Courage. I understand that by signing this slip I will allow Hendrick Health System and Hendrick Hospice Care to reproduce my child's likeness for the purpose of publicizing future events sponsored by Hendrick Health System and Hendrick Hospice Care.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**COVID-19 Safety Agreement:**

I will not send my child to Club if they have COVID-19 symptoms\* or if they have been in close contact\*\* with a person who is under investigation for COVID-19, has a confirmed diagnosis COVID-19, or is ill with a respiratory illness.

I agree that my child will follow all protocols put in place for Club (masks/face coverings, hand sanitization, social distancing, cough/sneezing etiquette, keeping personal spaces clean and sanitized, etc.).

I will contact Club immediately if my child has tested positive for COVID-19, is suspected to have COVID-19, or has been in close contact\*\* within the past 14 days with a person who is under investigation for COVID-19 or has a confirmed diagnosis COVID-19.

I understand that Club participants will be screened upon arrival to Club and will be monitored for COVID-19 symptoms (fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion, runny nose, nausea, vomiting, or diarrhea) during Club. I understand that if my child develops any of the above symptoms, my child will be isolated and will need to be picked up from Club immediately.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please list any food allergies:  None

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Symptoms include: fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion, runny nose, nausea, vomiting, diarrhea

\*\*According to the Texas Education Agency, close contact is defined as: being directly exposed to infectious secretions or being within 6 feet of a confirmed case of COVID-19 for a cumulative duration of 15 minutes.