



## Infectious Disease Acknowledgement Form

Job's Daughters International has taken necessary precautions to prevent the spread of COVID-19 and other infectious diseases by putting into action guidelines to reduce exposure to members/prospective members/Jobie to Bees and adult volunteers. Despite these precautions, Job's Daughters International cannot guarantee that participants or volunteers will not be exposed to COVID-19 or other infectious diseases, and that attendance at Job's Daughters events may increase the risk of contracting infectious diseases, including COVID-19.

By signing this acknowledgment form, I, as a parent/legal guardian of the member/prospective member/Job's Daughter to Bee (minor participant) named below, acknowledge the contagious nature of COVID-19 and other infectious diseases, and voluntarily accept the risk that the member/prospective member/Jobie to Bee may be exposed to or infected by COVID-19 or other infectious diseases throughout Job's Daughters activities, which may result in personal injury, illness, disability, or even death.

I understand that the member/prospective member/Jobie to Bee may be in contact with adult volunteers, attendees, and/or other members/prospective members/Jobie to Bee who are also at risk of community exposure. I fully understand that any precaution taken is not 100% effective in the prevention of COVID-19 or any other infectious disease.

I understand that I am responsible for making sure the member/prospective member/Jobie to Bee (minor participant) named below is free from COVID-19 or other infectious disease symptoms before participating in any Job's Daughter activity. Responsibilities are as follows:

RESPONSIBILITIES			
	Notify JDI Leader	Stay Home	Additional Steps
If you have a fever of 100 degrees or higher	✓	✓	Stay at home until 24 hours fever-free without medication
If you have vomited or had diarrhea within 24 hours of a JDI event	✓	✓	Stay at home until you have been symptom-free for 24 hours
If you have been exposed to or tested positive for COVID-19, have been advised to quarantine due to COVID-19 exposure, or if you exhibit two (2) or more COVID-19 symptoms	✓	✓	Stay at home for ten (10) days or until you receive a negative COVID-19 test
If you have tested positive for an infectious disease (strep throat, influenza, mononucleosis, etc.) or have head lice or nits	✓	✓	Stay at home until you are symptom-free

**Minor Participant's Name (First, Last):** \_\_\_\_\_

**Minor Participant's Date of Birth:** \_\_\_\_\_

**Parent/Legal Guardian Name (First, Last):** \_\_\_\_\_

**Parent/Legal Guardian Signature (First, Last):** \_\_\_\_\_

**Date:** \_\_\_\_\_

This form is to be kept on file by the Bethel Secretary