

Bay-Lakes Council COVID-19 “At-Risk” Participant Statement

Your safety and the safety of all our members, volunteers, and employees is the top priority. We continue to monitor the information provided by health experts and government agencies to help keep safe those who choose to participate in events.

Our council leadership is coordinating with state and local health departments to ensure we are informed of and comply with their guidance to mitigate the risks of COVID-19 being contracted at events.

Our mitigation plan includes:

- Pre-attendance education.
- Health screening conducted by your unit prior to travel, including a temperature check.
- Encouraging extra handwashing.
- Cleaning and disinfecting of high-touch surfaces and shared program equipment.
- Wearing face coverings if maintaining six feet of distance between people is not possible. Face coverings should also be worn in locations outlined by local/state regulations.

These precautions are important, but these efforts cannot eliminate the potential for exposure to COVID-19 or any other illness while participating in a Scouting activity. Experts have said that people with COVID-19 may show no signs or symptoms of illness, but can still spread the virus, and people may be contagious before their symptoms occur. The fact is that someone with COVID-19 may pass the required health screenings and be allowed to participate.

We also know the very nature of some activities makes social distancing difficult in many situations.

Information from the Centers for Disease Control and Prevention (CDC) states that older adults and people of any age who have serious underlying medical conditions are at higher risk for severe illness from COVID-19. *If you are in this group, please ensure you have approval from your health care provider prior to participating.*

Every staff member, volunteer, and Scouting family has to evaluate their unique circumstances and make an informed decision before attending events. We hope this information will be helpful as you make that choice.

We ask all participants to cooperate with all changes to council facilities. Those individuals who do not follow risk mitigation procedures will be asked to leave. The health and safety of our participants is our top priority.

BAY-LAKES COUNCIL

PRE-EVENT MEDICAL CHECKLIST

Use this checklist to review with each participant (youth and adult) their health status both before departure and upon arrival at an event. Unit leaders should collect this form from all participants prior to departing.

All participants are required to submit this form upon arrival along with their health form.

Participant Name: _____	Unit Number: _____
Address: _____	
Phone: _____	Email: _____
Council: _____	Name of Driver: _____

Section 1: Recent Interactions

- | Yes | No | |
|-----|-----|--|
| ___ | ___ | Have you been in contact with anyone who has COVID-19 or is otherwise sick with a respiratory illness in the last 14 days? |
| ___ | ___ | Have you or anyone you have been in close contact with live, work, or travel in an area with an outbreak of COVID-19. |
| ___ | ___ | Are you or anyone you have been in close contact with under current advisement by public health to quarantine or self-isolate? |

If the answer is yes to any of these questions, the participant must stay home.

Section 2: Health Screening

Have you or any of your immediate family had any of the following symptoms in the last 24 hours?

- | Yes | No | |
|-----|-----|-----------------------------|
| ___ | ___ | Shortness of breath |
| ___ | ___ | New or worsening dry cough |
| ___ | ___ | Fever of 100.4 F or greater |
| ___ | ___ | Flu-like symptoms |
| ___ | ___ | Vomiting |
| ___ | ___ | Diarrhea |

If the answer is yes to any of the symptoms above, the participant must stay home.

Have you or any of your immediate family had any of the following symptoms in the last 24 hours?

- | Yes | No | |
|-----|-----|---|
| ___ | ___ | Cough |
| ___ | ___ | Unexplained extreme fatigue or muscle aches |
| ___ | ___ | Rash |
| ___ | ___ | Sore throat |
| ___ | ___ | Open sore |

If the answer is yes to any two of the symptoms above, the participant must stay home.

Parent Signature: _____ Date: _____

By signing above, I am acknowledging I have read the risk statement on page 1.