

INFORMED CONSENT 2021

(This form may be used for staff and parents of children enrolled at a youth and adult programs during the COVID-19 declared emergency)

I hereby attest that I have been informed of the following pertaining to the coronavirus:

○ People who are 65 years and older and people of any age who have serious underlying medical conditions or are at higher risk for severe illness from COVID-19 are recommended to stay at home. A list of medical conditions associated with a higher risk for severe illness from COVID-19 can be found in [CDC's guidance](#).¹ Individuals and families should consult their healthcare provider to determine whether they have medical conditions that place them at risk.

○ Staff and children living in households with individuals who are 65 years and older OR have higher risk for severe illness from COVID-19 are recommended to stay home.

¹ Includes chronic lung disease or moderate to severe asthma, serious heart conditions, immunocompromised (cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications), severe obesity (body mass index [BMI] of 40 or higher), diabetes, chronic kidney disease undergoing dialysis and liver disease. Individuals should consult their healthcare provide to determine whether they have medical conditions that place them at increased risk for severe illness from COVID-19.

Signature of Staff or Parent/Guardian

Printed Name

Child's Name (if a parent/guardian)

Date