



CHILD PARTICIPANT HEALTH SCREENING QUESTIONNAIRE

SOS 4 Kids Inc. Training Facility (please write in location of training)

To limit the spread of Coronavirus (COVID-19), SOS 4 Kids is implementing this Screening Questionnaire. Your understanding, assistance and participation is appreciated.

Participant access is subject to review and immediate change.

CHILD'S NAME	DATE OF COURSE
PARENT'S NAME	COURSE (PLEASE CHECK) <input type="radio"/> Babysitting <input type="radio"/> Home Alone <input type="radio"/> My Safe Life
EMERGENCY CONTACT NAME & PHONE NUMBER	

If the answer is "yes" to any of the following questions, access to the facility will be denied.

Self-Assessment by Participant		No	Yes
1	Has your child(ren) experienced any of the following symptoms: Fever • New onset of cough • Worsening chronic cough • Shortness of breath • Difficulty breathing • Sore throat • Difficulty swallowing • Decrease of loss of sense of taste or smell • Chills • Headaches • Unexplained fatigue/malaise/muscle aches (myalgias) • Nausea/vomiting, diarrhea, abdominal pain • Pink eye (conjunctivitis) • Runny nose or nasal congestion without other known cause	<input type="checkbox"/>	<input type="checkbox"/>
2	Has your child(ren) knowingly had close contact with someone diagnosed with COVID-19 within the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
3	Has your child(ren) travelled outside of Canada in the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>

***Please advise your child to tell the instructor immediately if any of these responses change.**

Parent's Signature: _____

Date: _____

Assumption of Risk and Waiver of Liability Relating to Coronavirus

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is contagious and is believed to spread mainly from person-to-person contact and air droplets. As a result, federal, provincial and municipal governments and public health officials recommend social distancing and the use of masks when social distancing is challenging to maintain.

SOS 4 Kids Inc. has put in place preventative measures to reduce the spread of COVID-19; however, SOS 4 Kids Inc. cannot guarantee that your child(ren) will not become infected with COVID-19. Furthermore, attending a children’s safety training class could increase your child(ren)’s risk of contracting the virus.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) may be exposed to or infected by COVID-19 by attending an SOS 4 Kids class and that such exposure or infection may result in becoming exposed to or infected by COVID-19.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any illness or injury (including but not limited to personal injury, disability and death) illness, damage, loss, claim, liability or expense that my child(ren) may experience or incur in connection with my participation in an SOS class. I hereby, covenant not to sue, discharge, and hold harmless SOS, its employees, contractors, and representatives, of expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions and omissions of SOS 4 Kids, its employees, contractors, and representatives, whether a COVID-19 infection occurs before, during or after participation in an SOS 4 Kids program.

Signature of Participant (18 or over or parent)	Date
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Print Name of Participant (18 or over)	Print Parent name if Participant <18
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