



DAY OF EVENT - COVID-19 QUESTIONNAIRE

Every student and staff person at PK Retreat must have this form completed (students under 18 - a parent/guardian/leader shall complete the form). It should be completed immediately prior to your departure for the event in an attempt to prevent any potentially ill individuals from traveling with your group. This completed form must be turned in upon arrival encompassing every attendee on the premises.

An inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is a contagious virus that can lead to severe illness and death. According to the Centers for Disease Control and Prevention, senior citizens and those with underlying medical conditions are especially vulnerable. By attending this Illinois Student Ministries event, I voluntarily assume all risks for my group related to exposure to COVID-19 and hold harmless Illinois Student Ministries, Illinois District Council of the Assemblies of God, Lake Williamson Christian Center and any and all of their affiliates, employees, volunteers and staff from all liability related thereto.

Temperature checks are required on each attendee prior to their departure for the event. Anyone with a temperature 100.4° or higher shall not be allowed to attend. Temperature checks will also be conducted upon arrival to the event. If anyone develops symptoms of COVID-19 while at the event, they will be isolated and potentially asked to leave the event.

The following 3 questions must be asked of EVERY ATTENDEE. If anyone answers YES to any of these questions, they will not attend the event in person:

1. Have you tested positive for COVID-19 in the past 14 days?
2. Have you knowingly had contact with anyone who has tested positive for COVID-19 in the past 14 days?
3. Have you had any of these NEW symptoms in the past 14 days?
 - Fever of 100.4 or higher (without fever reducing medication)
 - Feeling feverish (chills, sweating)
 - New cough
 - Difficulty breathing
 - Sore throat
 - Muscle aches or body aches
 - Vomiting or diarrhea
 - New loss of taste or smell

I hereby attest that the following attendees meet the requirements to attend this event based on (1) their responses to the above questions and (2) their temp check of UNDER 100.4°:
(please clearly print the name of every attendee below and record each attendee's temperature check)

Name:	Temp @ departure:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

Signature	Print Name	Date	Time of Temp Checks
Parent/Guardian Signature (for students under 18)	Print Name	Date	Time of Temp Checks