

We Dance,Dance,Dance Studio COVID-19 PARTICIPANT RISK ASSESSMENT FORM

In the interests of protecting Dance, Dance, Dance Studio's staff, Students and general community from infection, DDD has put some strict participant health restrictions in place for involvement in services operating during the COVID-19 Crisis, including but not limited to Dance, Dance, Dance Studio events.

We understand that respite care is important to families but during this challenging time we will not be able to provide any exceptions regardless of pre-existing conditions or co-morbid conditions associated with disability, unless accompanied by a doctor's letter of explanation.

Whilst all precautions are being made by DDD to provide a hygienic, safe environment during this State of Health Emergency, DDD also requests parents carefully consider whether their children's involvement in any or all of DDD's programs or services is right for their family during this time.

COVID-19 PARTICIPANT RISK ASSESSMENT

I _____ as parent or legal guardian
of _____ a minor (hereinafter "Minor"), hereby

1. I acknowledge that the Minor is not currently experiencing any or all of the symptoms listed below.
 - (a) Fever with temperature over 98.6 degree (Please note the Minor's Temperature may be taken with a non-touch Forehead Thermometer before entry)
 - (b) Cold or flu symptoms including runny nose
 - (c) Cough or shortness of breath
2. I acknowledge that the Minor does not align with any of the following risk factors associated with COVID-19 infection including:
 - (a) History of overseas travel or close contact with a person(s) who has travelled to country of high risk in the past 14 days.
 - (b) Contact with a confirmed case in the past 14 days.
3. I understand that if at any time the Minor displays any of the symptoms listed above, they will be isolated from the class and a parent must pick them up within the hour. No exceptions will be made.
4. I understand that should the Minor display any of these symptoms or risk factors, the Minor will not be able to return to the Studio for 14 days after displaying symptoms..
5. I understand that I may be asked to acknowledge and sign a weekly sheet adhering to the conditions of entry or the minor of which I am guardian

Signed _____

Print Name of Parent or Legal Guardian _____ **Print**

Name of Associated Minor _____

Date Signed: _____