

SKPS COVID-19 Participant / Coach Monitoring Form

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School	Activity/Coach Name								Date/Time							
Name	Drop off time	Participant/Coach Telephone Number	Emergency Contact & Phone Number	Fever?		Any fever within last 72 Hours?		Cough?		Shortness of Breath?		Living with anyone who COVID-19?		Last time traveling out of state?	Pick up time	Waiver
				YES	NO	YES	NO	YES	NO	YES	NO	YES	NO			
Any CONFIRMED positive COVID 19 diagnosis(Participant or Coach) report to SRMS ON Call 503.399.4747																
*School Nurse Team will determine return to practice date																