

One Night Only Waiver

Name:

Date:

Screening Questionnaire: Please circle Yes or No

1. Do you have a fever? Yes or No

Temperature: _____

2. Do you have a cough? Yes or No

3. Do you have shortness of breath? Yes or No

4. Have you recently come into contact with anyone that has tested positive for COVID-19? Yes or No

COVID-19 Notice to Students and Parents

This notice is to inform you of the steps the school will take to maintain health and safety, with the understanding that we cannot guarantee that your son(s) being on the De La Salle campus will be free from the risk of contracting the novel coronavirus, COVID-19. We ask that you partner with us in understanding how you and your son(s) can help reduce the risk of transmission by staying current on information about the virus provided by public health officials and experts, and acknowledging that by sending your son to the De La Salle campus, there is an unavoidable risk that you and your son(s) may become infected with COVID-19. We will continue to send out guidance to you as we receive it from our public health experts and authorities. Parents, students, and employees are responsible to familiarize themselves with, and comply with, these county health guidelines:

[Contra Costa Health Service Website](#)

[De La Salle COVID-19 Preparedness](#)

Student Signature: _____

Parent Signature: _____

By signing, you are agreeing that, to the best of your knowledge you honestly answered the above questions and are aware of our Healthy and Safety notice above.