



MPAL

409 Beech Street, Manchester, NH 03103

603-626-0211

info@manchesterpoliceathleticleague.org

Parent or guardian must fill out and sign the form prior to participation at MPAL.

Name of Student: _____

Name of Parent and/or Guardian: _____

- To the best of my knowledge my child, nor anyone in my family, have been exposed to any person diagnosed with COVID-19.
- To the best of my knowledge my child, nor anyone in my family, has traveled outside the state/country in the last 15 days.
- I will notify staff immediately in the event my child or family member has been exposed to someone diagnosed with COVID - 19
- If my child is experiencing ANY of the following symptoms, regardless of the cause, I will keep him/her home from programming:
- Fever
 - Cough
 - Headache
 - Loss of sense of smell or taste

Signature of Parent and/or Guardian

Date