



MANCHESTER POLICE ATHLETIC LEAGUE

MPAL

409 Beech Street, Manchester, NH 03103

603-626-0211

info@manchesterpoliceathleticleague.org

Parent or guardian must complete & sign this form for student to participate in any MPAL program.

Name of Student:

Name of Parent or Guardian:

To the best of my knowledge, no one in my household, including my child, has been exposed in the past 10 days to anyone diagnosed with COVID-19

To the best of my knowledge, no one in my household, including my child, has traveled outside the country or on a cruise ship in the last 10 days.

I will notify MPAL staff immediately if I learn that my child or anyone in my household was exposed to someone diagnosed with COVID - 19 in the past 10 days.

If my child has any of the following symptoms, I will keep him/her home from programming for 10 days from onset of the symptoms or until I can show documentation of a negative COVID-19 test:

Fever, cough, sore throat, runny nose, shortness of breath, fatigue, chills, muscle aches, change in taste or smell, nausea, vomiting, or diarrhea.

Signature of Parent or Guardian

Date