Aloha Council, BSA Pre-Event Medical Screening Checklist

This is a tool to help leaders identify potentially communicable diseases in advance of event participation. The intent of this checklist is to review with each participant their current health status both before departure and upon arrival at the event.

Participant Name: ____________________________________ Date/Event: ________________________________

Troop/Pack/Crew No:__________  Age (if under 18):__________  Campsite (if applicable):___________________

\textbf{Do not participate} if you have any of the following symptoms in the past 48 hours:

- Fever (100.4° F or greater)
- Vomiting
- Diarrhea
- New cough

\textbf{Do not participate} if you or anyone you live with has recently tested positive for COVID-19.

If you have a positive COVID-19 test, follow the CDC guidance for isolation and your personal health care provider’s treatment recommendations.

Be responsible for your health and that of others. Isolate if you are sick. Do not attend any activity/meeting/event if you, anyone you live with or anyone you have recently been around feel unwell. Symptoms might include:

- Unexplained extreme fatigue
- Unexplained muscle aches
- New rash
- Sore throat
- Open sore

\textbf{Participants who are symptomatic or ill should not attend or return to an activity until cleared by their health care provider.}

\begin{tabular}{|c|c|}
\hline
\textbf{Date} & \textbf{Temperature} \\
\hline
1 day before event & \\
Day of event & \\
\hline
\end{tabular}

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\textbf{This section to be completed by Check-in staff}

- Review Pre-Event Medical Screening Checklist (above). If there are any questionable answers, a senior staff member will be contacted to take over check-in.

- Verify participant has completed \textit{Assumption of the Risk and Waiver of Liability Relating to communicable diseases form} below (waiver form).

Check-in Staff Signature: ___________________________  Date ______________

v. 5.4.22
Assumption of the Risk and Waiver of Liability Relating to communicable diseases (including but not limited to Coronavirus, COVID-19)

The Boy Scouts of America, Aloha Council ("AC") has put in place preventative measures to reduce the spread of communicable diseases; however, AC cannot guarantee that you or your child(ren) will not become infected with a communicable disease. Further, attending the AC’s properties, including Camp Pupukea, Camp Ehrhorn, Camp Honokaia, Camp Kilauea, Camp Maluhia & Camp Alan Faye, could increase your risk and your child(ren)’s risk of contracting a communicable disease.

By signing this agreement, I acknowledge the contagious nature of communicable diseases and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by attending AC properties and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by communicable diseases at AC properties may result from the actions, omissions, or negligence of myself and others, including, but not limited to, AC employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at an AC property or participation in AC programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Boy Scouts of America, Aloha Council, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the AC, its employees, agents, and representatives, whether a communicable disease occurs before, during, or after participation in any AC program.

Participant Signature (Parent/Guardian if Participant is a Minor) __________________________ Date ____________

Print Name of Parent/Guardian __________________________ Name of Participant __________________________