

CPC Student Ministries Event Sign-In

Date ___/___/___

Student Name (First, Last) _____

Parent/ Guardian Name (First, Last) _____

Emergency Phone Number: _____ Email: _____

Home Address: _____

COVID Health Assessment:

Have you or anyone in your family had signs or symptoms of infection in the past 24 hours (Fever, chills, cough, runny nose, loss of taste or smell, diarrhea)? YES NO

Have you or anyone in your family been exposed (close contact without medical grade Personal Protective Equipment) to someone with a confirmed COVID-19 infection within the past 14 days? YES NO

CPC Student Health Agreement:

CPC Leaders reserve the right to require proper use of face mask/ face coverings at all events on CPC property (indoor and outdoor). CPC Leaders reserve the right to maintain social distancing standards and direct students towards safe in-person interactions. Students that do not respond to leadership guidelines and direction may be asked to leave and wait in a designated area until parents can pick up. Our community agrees to act with caution and care for the health and safety of others while respecting all community guidelines to reduce the spread of COVID-19.

I authorize/ do not authorize CPC to use photos/videos of student listed above on our website and social media platforms.

Parent Signature _____

Student Initial _____