New Jersey State Interscholastic Athletic Association

1161 Route 130 North, Robbinsville NJ 08691-1104 Phone 609-259-2776

Covid-19 Family History

Name of Student	Date:	
Parent/Guardian cell:	Sport:	
Covid-19 Family History	Please Circle or	ne
Has your son/daughter been diagnosed with COVID-19	Yes	no
If diagnosed with COVID-19 was your son/daughter symptomatic?	Yes	no
If diagnosed with COVID-19 was your son/daughter Hospitalized?	Yes	no
Has any member of the student athlete's household been diagnosed COVID-19?	d with Yes	no
Signature of Parent/Guardian:	*	

As per the NJSIAA and NFHS to participate in workouts during summer recess each student must complete this form one week before the start of practice. Screening questions must be completed prior to arriving on school grounds.

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Covid-19 Daily Prescreening Questionnaire

Na	me	of Student	Date:		-
Pa	rent	t/Guardian cell:	Sport:		
Ar	e yo	u experiencing any of the following symptoms	F	Please Circl	lė one
	1.	Fever(≥100.4®F)	У	yes	no
	2.	Cough or shortness of breath	У	/es	no
	3.	Sore throat	У	/es	no
	4.	Chills	У	/es	no
	5.	Muscle aches or rigor	У	/es	no
	6.	Headache	У	es es	no
c	7.	New loss of taste or smell	У	es es	no
	8.	Abdominal pain, nausea, vomiting or diarrhea	У	'es	no
	9.	Have you had any close contact with someone who is currently s	sick y	es	no
	10.	Have you been diagnosed with covid 19 in the past three weeks	У	es	no
	11.	Have you traveled or had contact with anyone who has traveled internationally in the last 14 days?		es	no
	12.	If you took your temperature today what was it	_		

To participate in workouts during summer recess each student must complete this form daily before every workout. Screening questions must be completed prior to arriving on school grounds.

Athlete's name/grade:

Home of the Bulldogs



John Cathcart Athletic Director 732-321-8744 Ext 5010 Fax: 732-635-0760

jacathcart@metboe.k12.nj.us

COVID-19 Athletic Participation permission slip

Parent contact phone number:			
Sport:			
[, give permission	for my	*
(Print parent/guardian name)			
son/daughter to participate in Metuchen a	thletics. I give perm	ission to the Ath	letic Director and
Trainer to take my son/daughter's temper			
f my son/daughter has a fever, they will a			
nome immediately			

If my son/daughter has a fever, I will notify the coach that he/she will not be attending practice that day. I will provide my son/daughter with a water bottle that has their name on it that they can refill with our sanitized cooler.

I have filled out and submitted all of the necessary paperwork. (COVID-19 Questionnaire, Health History Update and or full athletic packet for incoming freshman only)

Please be assured that every precaution will be in place for your son/daughter to participate in safely. All equipment will be sanitized daily with COVID regulations. Social distancing will be practiced in all sessions. Communication between parents, coaches and players is of utmost importance for all to be safe and successful.

We believe it is important that our MHS student athletes are socially engaged and physically training with team-mates and coaches. It is vital for all of our mental/emotional health that we maintain connections. We are strong and have "Bulldog Pride" to rise up and succeed during this crisis. Thank you for your partnership in our Metuchen athletic family. If you have any questions or concerns, please do not hesitate to reach out to me.



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Covid-19 Coaches, Athletes and Team Responsibilities

- All teams will have staggered starting times for practices
- There are two forms that need to be handed in to the coaching staff before an athlete can practice
 - 1. Family History Form
 - 2. Daily corona virus-19 form
- Students not presenting the daily form will not be able to practice
- Coaches will greet players at the field and take athletes temperature before they can step on the field. Our Athletic Trainer will assist in taking athletes temperature with a no contact thermometer.
- Any school-approved employee may conduct the screening process.
- The screener does not have to be the same each day although it is strongly recommended.
- All student-athletes must submit a COVID-19 questionnaire, and it must be maintained by the school district.
- Parents are to fill out and submit the family history questionnaire at least seven (7) calendar days prior to the start of summer workouts. The form can be completed at any time. You do not have to wait for the seven (7) day date. Coaching staff will provide the forms.
- Student-athletes are not permitted to participate in works if there is a "YES" answer on the questionnaire. In this case, the student-athlete must be cleared by a doctor before participation in workouts can begin.
- The questionnaire can be submitted late, but the student-athlete cannot participate in workouts until it is submitted and on file with the district.
- The pre-screening form is required before each workout.
- Student-athletes must fill this form out before they arrive on site.
- If there is a "YES" answer on the form, students should not come to the workout until they are cleared by a doctor.
- If anyone that arrives on site and has answered "YES" on the screening form or has a temp of 100.4 or above:
 - a. Stop the screening process immediately
 - b. Separate the athlete from the rest and call the parent back. Parents must be instructed to remain at the drop off point until the athlete clears the screening process.
 - c. The student-athlete is not permitted to begin workouts until cleared by a doctor.

- All coaches must always wear a face covering.
- The supervising coach needs to get the student-athletes in their 10-person workout groups (pods), make sure the student-athletes adhere to social distancing requirements (6 feet apart), and make sure the student-athletes are wearing face coverings.
- The student-athletes must keep their face coverings on until the screening process is completed, and they are instructed to remove them by their supervising coach
- If the coach has answered "YES" or has a temp of 100.4 or above, then the workout will be cancelled, and the athletes should return home unless there are additional coaches.
- Student-athletes who have pre-existing medical conditions and/or are immunocompromised (e.g., diabetes, asthma, auto-immune disorders, etc.) shall provide written clearance from a medical doctor before he/she will be permitted to participate in workouts.
- All screeners must wear face coverings at all times.
- All coaches and district personnel must wear face coverings at all times.
- Coaches that workout with their student-athletes i.e. cross-country coaches, are permitted to remove the face covering during the workout but must remain six (6) feet apart at all times.
- Student-athletes must wear face coverings until the start of the workout.

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