

**SAN FRANCISCO UNIFIED SCHOOL DISTRICT
PARENT/GUARDIAN COVID ACKNOWLEDGEMENT OF HEALTH RISKS – INTERSCHOLASTIC
ATHLETICS**

My student, _____, wishes to engage in interscholastic athletics. My student attends _____ school within the San Francisco Unified School District (District).

The San Francisco Department of Public Health requires the parent/guardian of each child participating in athletics to sign the following acknowledgement:

The collective effort and sacrifice of San Francisco residents staying at home limited the spread of COVID-19. But community transmission of COVID-19 within San Francisco continues, including transmission by individuals who are infected and contagious, but have no symptoms. Infected persons are contagious 48 hours before developing symptoms (“pre-symptomatic”), and many are contagious without ever developing symptoms (“asymptomatic”). Pre-symptomatic and asymptomatic people are likely unaware that they have COVID-19.

The availability of childcare and youth programs is an important step in the resumption of activities. However, the decision by the Health Officer to allow childcare and youth programs for all families at facilities that follow required safety rules, does not mean that attending such programs is free of risk. Enrolling a child in childcare or youth programs could increase the risk of the child becoming infected with COVID-19. While the majority of children that become infected do well, there is still much more to learn about coronavirus in children, including from recent reports of Multisystem Inflammatory Syndrome in Children (MIS-C).

Each parent or guardian must determine for themselves if they are willing to take the risk of enrolling their child in childcare/youth program, including whether they need to take additional precautions to protect the health of their child and others in the household. They should particularly consider the risks to household members who are adults 60 years or older, or anyone who has an underlying medical condition. Parents and guardians may want to discuss these risks and their concerns with their pediatrician or other health care provider.

More information about COVID-19, MIS-C, and those at higher risk for serious illness is available on the Centers for Disease Control and Prevention website at <https://www.cdc.gov/coronavirus/2019-ncov/>.

I understand the risks associated with enrolling my child in athletics, and agree to assume the risks to my child and my household. I also agree to follow all safety requirements that the athletic program imposes as a condition of enrolling my child.

I acknowledge that I have carefully read this document, and that I understand and agree to its terms.

I give my consent for my son/daughter, _____, to engage in interscholastic athletics.

Parent/Guardian Signature

Date

PRINT NAME of Parent/Guardian

Telephone Number

Address

City

State

Zip Code