



**GSOFACT Informed Consent Acknowledgement
For In-person Troop Meetings & Service Unit Activities
During the COVID-19 Pandemic 2020-2021**

Please mark if this acknowledgement is for a minor___ or for an adult___ or both_____.

I hereby attest that I have been informed of the following information pertaining to COVID-19:

- COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact.
- Individuals with serious underlying medical conditions are at a higher risk for severe illness.
- As with any social activity, participation in in-person Girl Scouts activities could present the risk of contracting COVID-19. While Girl Scouts of Connecticut (GSOFACT) takes every safety and preventative precaution, GSOFACT can in no way warrant that COVID-19 infection will not occur through participation in GSOFACT programs or troop activities. Participation may lead to exposure, illness, or quarantine requirements.

I agree that:

- On behalf of myself and my participating children, I will comply with the most recent guidance and recommendations issued by the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), and my local state agency or municipality for slowing the transmission of COVID-19.
- Neither I nor my participating children shall visit or utilize the facilities, services, and/or programs of Council within 14 days after (i) returning from highly-impacted areas listed on the [State of Connecticut's Travel Advisory](#), (ii) exposure to any person returning from areas subject to a CDC Level 3 Travel Health Notice, (iii) exposure to any person who has a suspected or confirmed case of COVID-19, or (iv) exposure to any other risk identified by the most recent guidelines or recommendations or guidelines situation delineated by WHO, the CDC or my state public health agency or municipality.
- Neither I nor my participating children shall participate in, visit or utilize the facilities, services, and/or programs of Council if I, he, or she (i) experience(s) symptoms of COVID-19, including, without limitation, fever, cough, loss of sense of taste or smell, or shortness of breath, or (ii) has a suspected or diagnosed/confirmed case of COVID-19.

By signing and submitting this form, I acknowledge that:

I have reviewed and understand the GSOFACT in-person [Troop Activity Reopening Guidelines](#), (ii) I will discuss proper social distancing and mask wearing behaviors in a group setting with my child prior to attending any in-person event, (iii) I will notify Council immediately if I believe that any of the foregoing

access/use restrictions may apply, and (iv) GSOFACT may update this and other Covid-19 materials based on guidance from the WHO, CDC, and the State of Connecticut and therefore acknowledge that an updated form may need to be completed in the future.

For Adult Participant

Adult Participant Printed Name:

Adult Participant Contact Number:

For a Minor Participant

Minor's Printed Name:

Minor's Parent/Legal Guardian Printed Name:

Parent/Legal Guardian Contact Number:

Troop Number:

Date: