



Town of Vestal Recreation Department
516 Front Street, Vestal, New York 13850
(607) 754-3368

Please fill out this form and return to your child's coach when you arrive to the field.

Name: _____

Date: _____

Team: _____

Coach: _____

Was your child's temperature of 100°F?

Has anyone in your household tested positive for COVID-19 in the past 10 days?

Is anyone in your household awaiting a COVID-19 test result?

Has your child experienced one or more of the following symptoms in the past 10 days?

- Temperature greater than or equal to 100°F?
- Cough
- Loss of taste or smell
- Fatigue/tiredness
- Sore throat
- Fever/chills
- Nausea, vomiting, diarrhea
- Body aches or pain
- Headaches
- Nasal Congestion/Runny nose

If you answered yes to any of the above questions, you must stay home. If you answered no to all of the above questions, please sign below and return to your child's coach when you get to the field.

Parent/guardian signature: _____