

AMADOR COUNTY UNIFIED SCHOOL DISTRICT

PARTICIPATION AS A DISTRICT VOLUNTEER ASSUMPTION OF RISK – VACCINATION OR NEGATIVE COVID-19 TEST VERIFICATION- MEDICAL TREATMENT AUTHORIZATION

Name of Volunteer: _____

Destination: _____
(Please be specific)

Purpose of Your Attendance: (Class helper, etc.) _____

DISTRICT USE-VERIFY VACCINATION CARD: **COVID-19 Vaccination or Negative COVID-19 PCR Test Information:**

Date Dose 1: _____ Date Dose 2: _____ Initial District Employee: _____

PCR COVID-19 TEST Result Date (results date the week of the event) _____

If you have tested positive for COVID-19 within the past 90 days, are not in a current isolation period, and are not exhibiting symptoms you will not be required to test. The positive test must be submitted to the district for verification.

By my signature below, I acknowledge that the activity is voluntary and verification of vaccination status for COVID -19 or a negative PCR Covid-19 test result dated the week of the event is required to participate.

I further acknowledge this activity could lead to illness, and/or injury or death and I assume such risks. As provided in the California Education Code, Section 35330, I further agree to hold the School District (District), its Board, officers, employees and agents harmless and waive any and all claims against the District arising out of or in connection with my participation.

In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis and/or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be my responsibility.

_____ (School District) has advised me that there are certain risks associated with the potential exposure to the novel Coronavirus, also known as Covid-19, and that the potential exposure to the coronavirus can be reduced, but in some circumstances is unavoidable. Working in a school setting, or being present on School District premises and/or at School District functions, may cause exposure to the Coronavirus, to me, my child or to School District employees who have contracted the Coronavirus, or to students who have contracted the Coronavirus, as well as to all visitors and other persons, who have contracted the Coronavirus. Steps will be taken by _____ (School District) to reduce the risk of my exposure to the Coronavirus, but even with those steps there is still a risk that working on campus and interacting with employees, students and third parties, could expose me to the Coronavirus. I hereby acknowledge the risk of exposure to the Coronavirus, and I acknowledge the risk that I may contract the Coronavirus by coming on to the school district premises and interacting with employees, students and other people. I further acknowledge that allowing my child to participate in this event could also be exposed to the Coronavirus by and through these risks, and could enhance the risk of exposure to the Coronavirus to me and to other people.

Signature

Date

Address: Number Street

Work () _____

Home () _____

City State Zip Code

Health Insurance Company: _____ Policy Number: _____
(e.g., Kaiser)

In the event of illness or accident, please notify:

Name: _____

Relationship: _____

Address: Number Street

Work Phone () _____

Home Phone () _____

City State Zip Code

If there are any special medical instructions, please attach an explanation to this sheet and check appropriate box.

Instructions attached

No instructions attached