



THE SHAWNEE INN
AND
GOLF RESORT

Monitored Classroom Consent Form

Child's name: Age/Grade Level:

Parent / Guardian's name:

Address:

.....

Phone (Mobile): Email:

Room Number at Shawnee:

(Please note that all personal details are kept confidential)

Additional Contact:

Contact's name:

Address:

.....

Phone: Email:

Health History:

If your child suffers from any illnesses, or allergies (foods, medicines, stings) that might affect her/him during their time in the classroom please give details below. *Note: Classroom Monitor will not administer any medications.*

.....

.....

Please note any additional information the classroom monitor should be aware of while your child is under their care.

.....

.....

I understand that my child will not be allowed to leave with anyone other than myself or the person named above.

Parent/Guardian Authorization:

I understand that in the event of illness or accident the classroom monitor will attempt to contact parents / guardians. In the event of no contact being possible, the classroom monitor will follow resort guidelines in seeking treatment.

I consent to the above-named child to engage in the monitored classroom at The Shawnee Inn and Golf Resort:

Signature: Date:

Print:



Photo Release Authorization

I hereby grant permission to The Shawnee Inn and Golf Resort to use my photo or child’s photo on its website, social media platforms, or for any digital or print advertisements including press publication without further consideration. I acknowledge The Shawnee Inn and Golf Resort to crop or treat the photography at its discretion. I also acknowledge that The Shawnee Inn and Golf Resort may choose not to use the photo at this time but may do so at its own discretion at a later date and time.

Signature: Date:

Print:

Covid-19 Informed Consent

I understand that the novel coronavirus causes the disease known as COVID-19. I understand the novel coronavirus has a long incubation period during which the carriers of the virus may not show the symptoms and may still be contagious.

I confirm that I am not, nor is my child, currently positive for novel coronavirus.

I confirm that I am not, nor is my child, waiting for the results of a laboratory test for the novel coronavirus.

I verify that I have not, nor has my child, been identified as a contact of someone who has tested positive for the novel coronavirus or been asked to self-isolate by any government agency.

I confirm that I am not, nor is my child, presenting with any of the following symptoms of COVID-19 identified by the CDC

- Fever > 38C, or 100F, chills or body aches
- Cough
- Sore Throat
- Shortness of breath
- Difficulty breathing
- Flu-like symptoms
- Runny Nose
- Loss of smell or taste

I understand that for the safety of everyone, my child’s temperature may be checked before entering the monitored classroom.

I understand that my child will need to wear a face mask while participating in the monitored learning environment.

I understand the staff of The Shawnee Inn and Golf Resort will do everything possible to minimize the spread of COVID – 19, but will not hold them responsible should I or my child contract COVID – 19.

I verify that the information I have provided on this form is truthful and accurate.

Signature: Date:

Print: