# **Washington County Junior Fair Participants**

Due to COVID19 and our safety protocol, this notice is to inform anyone participating in the Washington County Junior Fair that they will need to do a self health check. By signing this you agree to perform the health check below prior to coming to fair each day before participating in any junior fair activity, you agree to follow all laws and ordinances for due to COVID19 and any regulations the Washington County Junior Fair has posted for COVID19.

September 5, 2	.020	I)
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3E	LII	UN	- 12	SVII	ш	oms

If your child has any of the following symptoms, that indicates a possible illness that may decrease the student's ability to learn and also put them at risk for spreading illness to others. Please check your child for these symptoms:

	Temperature 100.4 degrees Fahrenheit or higher when taker	n by mouth	
	Sore throat		
	New uncontrolled cough that causes difficulty breathing (fo asthmatic cough, a change in their cough from baseline)	r students with chronic allergic/	
	Diarrhea, vomiting, or abdominal pain		
	New onset of severe headache, especially with a fever		
SECTION 2:	Close Contact/Potential Exposure		
	Had close contact (within 6 feet of an infected person for at confirmed COVID-19	least 15 minutes) with a person with	
	Traveled to or lived in an area where the local, Tribal, territor reporting large numbers of COVID-19 cases as described in t		
	Live in areas of high community transmission (as described while the school remains open	in the Community Mitigation Framework)	
ontagious d enior citize	risk of exposure to COVID19 exists in any public place is ease that can lead to severe illness and death. Accorders and guest with underlying medical conditions are estimated to exprounds, you voluntarily assume all risks related to expression.	ling to the Center of Disease Control pecially vulnerable. By visiting the W	and Preven
Participants	Name:		
ligned by n	nember	Date	_
Parent/Guar	dian Signature	Date	

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#### September 6, 2020

SECTION	1.	Symptoms

If your child has any of the following symptoms, that indicates a possible illness that may decrease the student's ability to learn and also put them at risk for spreading illness to others. Please check your child for these symptoms:

	Temperature 100.4 degrees Fahrenheit or higher when taken by m	nouth	
	Sore throat		
	New uncontrolled cough that causes difficulty breathing (for stude asthmatic cough, a change in their cough from baseline)	ents with chronic allergic/	
	Diarrhea, vomiting, or abdominal pain		
	New onset of severe headache, especially with a fever		
SECTION 2: C	lose Contact/Potential Exposure		•
	Had close contact (within 6 feet of an infected person for at least 1 confirmed COVID-19	5 minutes) with a person with	
	Traveled to or lived in an area where the local, Tribal, territorial, or reporting large numbers of COVID-19 cases as described in the Co		
	Live in areas of high community transmission (as described in the while the school remains open	Community Mitigation Framework)	
contagious di senior citizen	isk of exposure to COVID19 exists in any public place whe sease that can lead to severe illness and death. According to a and guest with underlying medical conditions are especial rounds, you voluntarily assume all risks related to exposure	o the Center of Disease Control lly vulnerable. By visiting the V	and Prevention,
Participants l	Name:	-	
Signed by mo	ember	Date	_
Parent/Guard	lian Signature	Date	

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Sei	ptem	ber	7.	20	<b>)20</b>
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CECT	ION	1.	Cum	ptoms
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Participants 1	Name:	-	
ligned by m	ember	Date	_
Parent/Guard	lian Signature	Date	

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#### September 8, 2020

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SECT	ION	1: 5V	mptoms

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	Temperature 100.4 degrees Fahrenheit or higher when taken by n	nouth
	Sore throat	
	New uncontrolled cough that causes difficulty breathing (for stud asthmatic cough, a change in their cough from baseline)	ents with chronic allergic/
	Diarrhea, vomiting, or abdominal pain	
	New onset of severe headache, especially with a fever	
SECTION 2: 0	lose Contact/Potential Exposure	
	Had close contact (within 6 feet of an infected person for at least confirmed COVID-19	15 minutes) with a person with
	Traveled to or lived in an area where the local, Tribal, territorial, or reporting large numbers of COVID-19 cases as described in the Co	
	Live in areas of high community transmission (as described in the while the school remains open	Community Mitigation Framework)
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articipants	Name:	_
gned by m	ember	Date
arent/Guaro	lian Signature	Date