

## **VISITOR CONSENT FORM FOR COVID-19 TEMPERATURE SCREENING**

Carrollwood Day School places the highest priority on the health and safety of the Carrollwood Day School community.

I understand that my temperature will be taken by Carrollwood Day School as a condition of my being allowed on campus.

By signing this ***Consent Form for COVID-19 Temperature Screening***, I acknowledge and give consent for my temperature taken by Carrollwood Day School. I agree that Carrollwood Day School may collect my medical information during that process.

I acknowledge that the temperature screening is being conducted to protect the health and safety of myself and the Carrollwood Day School community.

If I refuse to consent to the temperature screening, I understand that I will not be permitted on campus.

If I have any COVID-19 symptoms or have a temperature outside of the normal range, I understand and acknowledge that I will not be allowed on campus.

I acknowledge that this ***Consent Form for COVID-19 Temperature Screening*** is in effect during the COVID-19 pandemic.

\_\_\_\_\_  
Visitor Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Visitor Signature