Informed Consent – Montana FCCLA State Executive Council Meeting

July 26-28, 2020

Thank you for attending Montana FCCLA State Executive Council Meeting in Helena, MT, July 26-28, 2020. We’re excited for this team to meet in person for the first time to begin planning for their year as a Montana FCCLA State Officer.

During these unprecedented times, Montana FCCLA is taking reasonable precautions to prevent the spread of COVID19 to any of our members, advisers, staff, or members of the general public. This includes reducing the number of officers and advisers sharing a hotel room, providing all attendees with a face mask and hand sanitizer, daily temperature checks for attendees, regularly wiping down surfaces, and encouraging social distancing and the use of masks.

We are asking for your help in these efforts as well. If you or anyone in your household has experienced any of the following symptoms as described by the Centers for Disease Control (CDC) at <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html> within 14 days prior to the attendees arrival at the State Executive Council Meeting, please let us know immediately:

* Fever or chills
* Cough
* Shortness of breath or difficulty breathing
* Fatigue
* Muscle or body aches
* Headache
* New loss of taste or smell
* Sore throat
* Congestion or runny nose
* Nausea or vomiting
* Diarrhea

Officers, advisers, or staff who have a temperature or are symptomatic will be sent home.

While we are following guidelines from the CDC and making efforts to prevent it, we are unable to guarantee that officers, advisers, or staff will not be exposed to COVID19 during their time at the State Executive Council Meeting. Your signature on this form verifies that you understand the potential risk of exposure when sending your officer to the State Executive Council Meeting and have chosen to proceed. Also, knowing the risks, you will make every reasonable effort to encourage your officer complies with Montana FCCLA policies and understand the officers will be sent home if they fail to follow Montana FCCLA policies and staff directions. Your signature also verifies that you will notify Montana FCCLA immediately if anyone in your household exhibits symptoms of COVID19, has experienced symptoms in the 14 days prior to the meeting or has been exposed to someone who has tested positive for COVID19.

Parent Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Officer Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Officer Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_