

ASTORIA JINGLE BALL TICKET & COVID-19 SCREENING

THIS FORM IS YOUR ENTRY TICKET – YOU MUST BRING THE COMPLETED AND SIGNED FORM TO BE ALLOWED ENTRY.

If you respond “YES” to any of the screening questions, DO NOT send your child to the Jingle Ball Dance.

Q1. Does your child have any of the following symptoms?

- Fever (100.0 F / 37.8 C or greater)?
- Cough (persistent/out of the ordinary)?
- Shortness of Breath/Difficulty Breathing”?
- Sore Throat?
- New loss of taste or smell?
- Chills?
- Head or muscle aches?
- Nausea, diarrhea, vomiting?
- Fatigue?
- Nasal Congestion?

___ YES ___ NO

Q2. In the past 14 days, has your child been in close proximity to anyone who has tested positive for Covid-19?

___ YES ___ NO

Q3. Has your child been tested for Covid-19 and you are waiting to receive the results?

___ YES ___ NO

Q4. Has your child tested positive for Covid-19 in the past 14 days?

___ YES ___ NO

Q5. In the past 14 days, has your child traveled outside of the United States?

___ YES ___ NO

Dated: December ____, 2021

(Print)
Name of Child Attending Jingle Ball

(Print)
Parent/ Guardian Name

(Signature)
Name of Child Attending Jingle Ball

(Signature)
Parent/ Guardian Name

Email Address: _____

TICKET NOT TRANSFERRABLE.