

Gleanings for the Hungry Protocol Agreement and COVID Symptom Tracker for Summer Participants

I, _____, understand and agree to abide by the following
(name)
requirements at Gleanings for the Hungry (GFTH) 2021:

Initials Required

Choose ONE OPTION

Vaccine Name & Date: _____

OR

Self-isolate for the week prior to arrival at GFTH (Self-isolate means to stay at home unless absolutely necessary, such as doctor visits, grocery shopping, etc.) When you go out, follow recommended safety protocol, such as wearing a mask, social distancing, washing your hands, etc).

Complete the self-reporting log of temperature/symptoms below for the week prior to arrival to GFTH

DATE (month/day)	FEVERISH		TEMPERATURE		COUGH		SORE THROAT		SHORTNESS OF BREATH		OTHER SYMPTOMS (describe)
	Y	N	AM	PM	Y	N	Y	N	Y	N	
1.											
2.											
3.											
4.											
5.											
6.											
7.											

Arrival Date: _____ Temperature: _____

***Please Note: if temperature is 100.4F or higher, you will not be allowed on campus.

I confirm that the above information is true and complete to the best of my ability.

Signature (Parent's Signature if volunteer is a minor)

Date Signed