Scouting COVID-19 Pledge:
Commit to Your Community, “A Scout is Helpful”

Version 2 - 8.7.2020

I will commit to wearing a mask and social distancing where it is required by the CDC, local & state government, my unit, Great Smoky Mountain Council, and the Boy Scouts of America.

I will commit to checking my temperature and assessing my own symptoms prior to participating in Scouting activities.

I will disclose any possible COVID-19 symptoms or possible exposure to someone with known or suspected COVID-19 to my parents and Scout leaders so I that refrain from activity and prevent any possible spread of infection.

I will encourage other Scouts in my unit to practice these same healthy behaviors.

I will not share water bottles or other person items.

I will regularly wash my hands and use hand sanitizer before, during and after meeting/activities.

I will avoid touching my face and, if I must, use hand sanitizer afterwards.

I will wipe down all tables/gear I use with a disinfectant wipe at the end of every meeting or activity.

WHAT IF I DON’T FEEL WELL?

Scout presents with one of these symptoms:
* Fever
* Muscle aches
* Chills
* Headache
* Rigors
* Sore Throat
* New loss of smell or taste
* Cough
* Shortness of breath
* Difficulty breathing
* Congestion or runny nose
* Diarrhea
* Nausea or vomiting

Scout evaluated by medical professional for illness symptoms.

Tests positive for COVID-19 or goes untested.

If positive for COVID-19 or has symptoms and have been in physical contact with Scouts, report it to your unit. Unit reports to GSMC.

Sits out for a minimum of 10 days until recovered.

Returns to Scouts after 3 days of no symptoms.

By signing this pledge, I commit myself to the above practices, procedures, and rules.

Scout/Scouter Name: __________________________ Signature: __________________________ Date: ________

As parent/guardian, we commit our family to the above practices, procedures, and rules (if Scout is under 18).

Parent Name: ________________________________ Signature: __________________________ Date: ________