

1000 Municipal Drive • PO Box 1539 • Brandon, MS 39043 • 601.824.7095 Shelley Livingston • Coordinator

Name:							
Name: First			Last				
Date of Birth:				Gender:	Male	Female	
Street Address	:						
Preferred Phon	e:				Cell	Home	
How Did You	?						
Email:							
I reside within the	e City of Brandon:	YES	NO				
	<u>Em</u> e	ergency Contac	ct Inforn	<u>nation</u>			
Name:	ne:			Relationship:			
Phone:				_			
	medical condition			e important kno	owledge in	case of	
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a natui emerge	rstand that partici ral part of activition ency; I hereby given al treatment to me	es. I assume al e permission t	l risks a	nd hazards inci	dental to	the	
	Signature				Date		

We ask that if you are experiencing any of these symptoms, that you NOT attend activities here at the City of Brandon Senior Center.



Know the symptoms of COVID-19, which can include the following:



Symptoms can range from mild to severe illness, and appear 2-14 days after you are exposed to the virus that causes COVID-19.

*Seek medical care immediately if someone has emergency warning signs of COVID-19.

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- · Bluish lips or face

This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.



cdc.gov/coronavirus