

Pre-Camp Health Screening

CAMPER NAME: _____

PROGRAM DATE: _____

In an effort to minimize the spread of illness we ask that you remain aware of the health of your camper daily during the 14 days prior to their day in our program. Please bring this completed form to camp the day of your campers involvement.

First, please read the following list of symptoms to be aware of:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle Pain
- New loss of smell or taste
- Nausea
- Vomiting
- Diarrhea

Second, please read through the following statements and initial to confirm.

1. My child has not been in contact with anyone experiencing the listed symptoms OR with a positive diagnosis of COVID-19 in the 14 days before the campers involvement in the program. INITIAL HERE _____
2. No individual in our household has been sick in the 14 days prior to program involvement. INITIAL HERE _____
3. My child has not traveled out of the state in the 14 days prior to program involvement. INITIAL HERE _____
4. My child has adhered to our state's guidelines of social distancing, use of masks and sanitation in the 14 days prior to program involvement. INITIAL HERE _____

And last, in the case of inclement weather children will have the option to go indoors. While we encourage children to be prepared for all weather, we will allow children to come indoors while wearing masks and keeping socially distanced. Please initial to indicate that you consent to your child being in an enclosed place with other unvaccinated children during this COVID-19 pandemic. INITIAL HERE _____

Our signature indicates that we monitored the health of our camper for the 14 days prior to program involvement, and responded to the above statements completely honestly. We understand that arriving to camp healthy is vital to a healthy experience for all involved.

PARENT SIGNATURE: _____ DATE: ___/___/___

CAMPER SIGNATURE: _____ DATE: ___/___/___