



# Pre-Camp Screening Form

CAMPER NAME		AGE	SEX	DATE OF BIRTH

## DAILY TEMPERATURE CHECK

Please record your camper's temperature for **seven days** prior to camp.

You must record their temperature at same time each day.

JUNE 13	JUNE 14	JUNE 15	JUNE 16	JUNE 17	JUNE 18	JUNE 19

MY CHILD HAS BEEN FEVER FREE FOR THE PAST 7 DAYS	INITIAL HERE
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### SYMPTOMS IN THE LAST TWO WEEKS — Check any that apply:

- |   |   |                                     |
|---|---|-------------------------------------|
| <input type="checkbox"/> DIARRHEA                   | <input type="checkbox"/> FEVER              | <input type="checkbox"/> BODY ACHES |
| <input type="checkbox"/> CHANGE IN TASTE OR SMELL   | <input type="checkbox"/> CHANGE IN APPETITE | <input type="checkbox"/> COUGH      |
| <input type="checkbox"/> PERSISTENT HEADACHE        | <input type="checkbox"/> CHILLS             | <input type="checkbox"/> VOMITING   |
| <input type="checkbox"/> GENERALLY NOT FEELING WELL | <input type="checkbox"/> SORE THROAT        |                                     |

*If any above apply to your camper, they may not attend camp.*

MY CHILD HAS BEEN SYMPTOM FREE FOR THE PAST 14 DAYS	INITIAL HERE
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### CONTACT HISTORY — Check any that apply:

- MY CHILD HAS BEEN IN CLOSE CONTACT WITH SOMEONE EXPOSED TO OR INFECTED WITH COVID-19 IN THE LAST 14 DAYS.
- MY CHILD HAS A HOUSEHOLD MEMBER CURRENTLY INFECTED WITH COVID 19 OR AWAITING A TEST RESULT FOR COVID 19.

*If any above apply to your camper, they may not attend camp.*

MY CHILD HAS NO KNOWN COVID EXPOSURE IN THE PAST 14 DAYS	INITIAL HERE
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**PRE-EXISTING ILLNESSES — Check any that apply:**

- CHRONIC PULMONARY PROBLEMS
- BLOOD DISORDERS
- OBESITY
- DIABETES
- IMMUNOCOMPROMISED
- CANCER
- KIDNEY OR LIVER DISEASE
- CARDIOVASCULAR DISEASE
- RESPIRATORY DISEASE / ASTHMA

Individuals with pre-existing conditions such as cardiovascular disease, respiratory disease including asthma, diabetes, and immunocompromised are at an increased risk of severe illness if COVID-19 is contracted. I understand that my/my child's pre-existing illness increases the implied risk of COVID-19.

<b>I UNDERSTAND THE IMPLIED RISK OF PRE-EXISTING ILLNESS</b>	INITIAL HERE
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**OR**

<b>MY CHILD HAS NO HIGH RISK PRE-EXISTING ILLNESS</b>	INITIAL HERE
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**INCIDENTAL ILLNESS AT CAMP**

If your child develops symptoms concerning for COVID-19 while away, they will be quarantined and excused from camp early. It is required they be picked up within 90 minutes of receiving notification of their illness. Either a parent or responsible party should be available while your child is away at camp who is able to provide pick up.

**Optional COVID-19 testing and proof of test result prior to pick up can be provided at no cost.** A negative test result with strong clinical concern will still result in dismissal.

<b>I CONSENT TO OPTIONAL TESTING AND ADDITIONAL FEE IF MY CHILD BECOMES ILL</b>	INITIAL HERE
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**DISCLOSURE**

The health and safety of our campers is our #1 priority. In light of the COVID-19 pandemic, we think it is important that you understand our efforts to manage your child's health and safety so that you can make an informed choice. We are focused on taking reasonable measures to prevent the spread of COVID-19 at our camp. We have strengthened our standard cleaning procedures, taken measures to monitor and address symptomatic campers by introducing this pre-camp health screening, daily temperature checks, and protocols to isolate, confirm, respond, and remove any camper or staff with suspected COVID-19. This situation continues to change daily, and as such, we will adapt and adjust our protocols and procedures as we continue to consult with and incorporate guidelines from federal, state, and local health officials in our efforts to help keep our campers and staff safe.

<b>I CERTIFY THAT I HAVE ANSWERED ALL QUESTIONS TRUTHFULLY</b>	SIGNATURE & DATE
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