

Camper Name: _____

Session Start Date: 5 July 2020

Pre-Camp Health Screening

Dear Camp Families,

In an effort to minimize illness at camp we ask that you check on the health of your camper daily beginning 14 days prior to camp (beginning on 21 June). The best camp sessions start with healthy campers and this begins at home. Please bring this completed form to camp on opening day.

Please indicate if your camper has any of the following symptoms prior to camp and record a temperature daily (space provided below). If any temperatures or symptoms are present, please have your camper evaluated by a licensed provider and contact camp for further guidance.

Symptoms:

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

Please Initial

1. My child has not been around anyone with any of the listed symptoms or diagnosis of COVID-19 in the 14 Days before the start of camp. Initial _____
2. No one in our household has been sick in the 14 days prior to camp. Initial _____
3. My child had not traveled by air or traveled out of state in the 14 days prior to camp. (except to travel to camp). Initial _____
4. My child has adhered to our states's guidelines regarding COVID-19. Initial _____



Start Date (of temperature/symptom screening)	Day	14	13	12	11	10	9	8	Notes:
Temp/Symp	Day								
Temp/Symp	Day	7	6	5	4	3	2	1	
Temp/Symp									

Our signatures indicate that we completed this health screening daily for 14 days prior to camp and to the best of our ability. We understand that arriving at camp healthy is vital to a healthy camp for all campers.

We also acknowledge that upon returning the child/staff member should have their child (or themselves) tested for COVID-19 before exposing them to anyone considered "vulnerable" by the CDC or their state/local guidelines.

Parent Signature: _____ Date: _____
 Camper Signature: _____ Date: _____