



Pre-Camp Health Screening

Camper Name: _____ **Session:** _____

Dear Camp Families,

In an effort to minimize illness at camp we ask that you check on the health of your camper daily beginning 5 days prior to camp. 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. If any temperature or symptoms are present, please have your camper evaluated by a licensed provider and contact camp for further guidance.

<p>Symptoms:</p> <ul style="list-style-type: none"> ● Cough ● Chills ● Diarrhea ● Shortness of breath or difficulty breathing. ● Fever of 100.0 ● Headache ● Muscle Pain ● New loss of taste or smell ● Sore Thorat ● Vomiting 	<p>Please initial</p> <p>1. My child has not been around anyone with any of the listed symptoms or diagnoses of COVID19 in the 14 days before the start of camp. Initial _____</p> <p>2. No one in our household has been sick in the 14 days prior to camp. Initial _____</p> <p>3. My child has not traveled by air or traveled out of state/country in the 14 days prior to camp. Initial _____</p> <p>4. My child has adhered to our state's guidelines regarding COVID19. Initial _____</p>
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DATE					
TEMP					

Our signature indicates that we completed this health screening daily for 5 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.

Parent Signature: _____ **Date:** _____

Camper Signature: _____ **Date:** _____