

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. The best camp sessions start with healthy campers and this begins at home.

Please indicate if you 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.

Symptoms to watch for daily:

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

By signing below I am agreeing to the following

- 1.) My child has not been around anyone with any of the listed symptoms or diagnosis of COVID19 in the 14 days prior to camp.
- 2.) No one in our household has been sick in the 14 days prior to camp.
- 3.) My child has limited their contact with other outside of our family unit in the 14 days prior to camp.
- 4.) I have agreed to have my child tested for COVID-19 in the 72 hours prior to camp.
- 5.) I understand that my child's negative results will need to be presented to the camp in order to participate. (Results can be faxed, uploaded or brought with you to check in on Sunday).

Camper Name: _____

Start Date of Temperature / Symptom Screening: _____

Day:	#1	#2	#3	#4	#5	#6	#7
Temp / Symp							
Day:	#8	#9	#10	#11	#12	#13	#14
Temp / Symp							

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

Parent or Guardian Signature: _____ **Date:** _____