

Camper Name: _____

Session: _____

Pre-Camp Health Screening Form

In an effort to reduce exposure and minimize illness at camp, we ask that you check on the health of your camper daily beginning 14 days prior to the scheduled camp session. The best camp sessions start with healthy campers, and this begins at home. Please bring this completed form to camp on opening day and indicate if your camper has any of the following symptoms prior to camp. If any temperature or symptoms are present, please have your camper evaluated by a licensed provider and contact camp for further guidance.

Symptoms:

- Cough
- Shortness of breath
- Difficulty breathing
- Fever
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell
- Nausea
- Vomiting
- Diarrhea

Initial Here

1. My child has not had a new fever of 100.4 or higher or a sense of having a fever. _____
2. My child has not developed any of the listed symptoms on the left in the last 14 days that cannot be attributed to another health condition. _____
3. My child has not traveled within an area identified as a COVID-19 “hot-spot.” _____
4. My child has not been in contact with an individual who has been ill with respiratory complaints or fever or whom I know has tested positive for COVID-19. _____
5. My child has not been diagnosed with COVID-19. _____

My signature indicates that I completed this health screening daily for 14 days prior to camp and to the best of my ability. I understand that arriving to camp healthy is vital to a healthy camp for all campers and failure to provide this document or complete the onsite screening may be grounds for dismissal.

Signature _____ Date _____

Name (printed) _____