

COVID-19 Screening

In order to get the most accurate information, we ask that you complete this form within 3 days of your camper's arrival date.

Camper's Name: _____

Session: _____

Pre-Camp Screening:

1. Has your child had COVID-19 in the past 90 days?

Yes No

If yes, please list the date: _____

Please send a copy of your child's positive test or bring to check-in.

2. Has your child been in close contact (within 6 feet for at least 15 mins) in the last 14 days with someone who has been diagnosed with COVID-19, or has any health department or provider advised that you quarantine?

Yes No

3. Does your child have currently or has your child had within the past 14 days any of the following symptoms? *Fever, chills, shortness of breath, body aches, headache, runny nose, sore throat, new cough, new loss of taste or smell, nausea/vomiting/diarrhea*

Yes No

My camper agrees to adhere to all health and safety procedures that will be asked of him/her while at camp. My camper agrees to adhere specifically to a social distance policy, to keep a mask on when required, and to continuously wash hands/use sanitizer whenever available.

Parent or guardian signature

Date