**Covid 19 Health Screening Form**

Camper’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Camp Session \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Parent/Guardian,

Due to the risk of exposure to Covid 19, we are requiring that each camper have their temperature and health screened for the 10 days prior to coming to camp. **You must bring this form to check in and have completed all ten days of health screening to attend camp.**

Session 2 start health check on June 25, 2020 arriving to camp on July 5, 2020.

Session 3 start health check on July 2, 2020 arriving to camp on July 12, 2020.

Session 4 start health check on July 9, 2020 arriving to camp on July 19, 2020.

Session 5 start health check on July 16, 2020 arriving to camp on July 26, 2020.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Date | Temperature | Have you exhibited any of the following fever, shortness of breath, cough,  loss of taste or smell |
| Day 1 |  |  |  |
| Day 2 |  |  |  |
| Day 3 |  |  |  |
| Day 4 |  |  |  |
| Day 5 |  |  |  |
| Day 6 |  |  |  |
| Day 7 |  |  |  |
| Day 8 |  |  |  |
| Day 9 |  |  |  |
| Day 10 |  |  |  |

**Please Initial**

1. My child has not been around anyone with any of the listed symptoms or diagnosis of COVID19 in the 10 days before the start of camp. Initial \_\_\_\_\_\_\_

2. No one in our household has been sick in the 10 days prior to camp. Initial \_\_\_\_\_\_\_

3. My child has not traveled by air or traveled out of state in the 10 days prior to camp. Initial \_\_\_\_\_\_\_

4. My child has adhered to our state’s guidelines regarding COVID19. Initial \_\_\_\_\_\_\_

Our signature indicates that we completed this health screening daily for 10 days prior to camp and to the best of our ability. We understand that arriving to camp healthy is vital to a healthy camp for all campers.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Camp Covid 19 Screening**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Date | Temperature | Have you exhibited any of the following fever, shortness of breath, cough,  loss of taste or smell |
| Sunday |  |  |  |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |