

Camp Wesley Woods 2021

Pre-Camp Health Screening

Camper Name: _____

Session: _____

Dear Camp Families, In an effort to minimize illness at camp we ask that you complete this daily health check starting 14 days prior to your child's arrival at Camp Wesley Woods. Please bring this completed form to camp on Check-In Day.

Please indicate if your camper has any of the following symptoms prior to camp and please take daily temperatures. If any temperature or symptom is present on check-in day, or 14 days prior, please have your child 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

Please initial the following statements:

_____ My child has not been around anyone with any of the listed symptoms or diagnosis of COVID19 in the 14 days before the start of the camp.

_____ No one in our household has been sick in the 14 days before the start of camp.

_____ My child has not traveled by air or traveled out of state in the 14 days before the start of camp. (If traveling to come to camp, please contact Camp Wesley Woods for information: 865-448-2246)

_____ My child has adhered to our state's guidelines regarding COVID19.

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

Parent Signature: _____ Date: _____