CAMP ESCAPE COVID-19 HEALTH & SAFETY PROTOCOLS

Mandatory COVID-19 testing requirements

We require all participants to complete and submit an active viral infection test result. **Each attendee will need to get tested either directly by their physician, at a certified testing site via physician's referral/prescription or by visiting a certified testing site.** Each participant will need to submit a negative result that must have been certified within 96-hours of their scheduled admission to summer camp. Participants who have not completed this screening or successful obtained a negative result, within the outlined timeframe will not be admitted to camp.

Test sites

Test results are typically available within 72-hours. A list of testing sites may be found on the Illinois Department of Public Health website (https://dph.illinois.gov/testing).

14-DAY PRE-CAMP WELLNESS CHECK

14 days (Insert date that is 14 days prior) prior to camp starting the following needs to be done:

- Take camper(s) temperature with thermometer (oral or no touch forehead) at the same time each day.
 - Record temperature on the attached log (bring log to camp check-in).
- If it is necessary for the camper(s) to be in public prior to camp, these are items to keep in mind:
 - Maintain social distance of at least 6 feet;
 - Wear mask or face covering;
 - Avoid crowds and touching high-touch points;
 - Consider using forms of transportation that limit close contact with others who are not in your household; and
 - Wash hands or use hand sanitizers as soon as possible when leaving the public space.
- When at home, please have your camper(s) maintain as much physical distance from anyone who may be at high-risk or who is sick.
- Finally, passively monitor your camper's(s) symptoms, which may include the following:
 - o Fever or chills
 - Cough
 - Shortness of breath or difficult breathing
 - o Fatigue
 - Muscle or body aches
 - o Headache
 - New loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - o Diarrhea
- If your camper(s) is experiencing persistent symptoms, please seek immediate medical care.

Temperature Log

Camper's Name: _____

Date	Temperature
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	