

Camper Name: _____

Session: _____

Pre-Camp Health Screening

Dear Camp Families, In an effort to minimize illness at camp we ask that you check on the health of your camper daily beginning 7 days prior to camp. The best camp sessions start with healthy campers and this begins at home. Please bring this completed form to camp on opening day.

Please indicate if your camper has any of the following symptoms prior to camp and record a temperature daily. If any temperature or symptoms are present, please have your camper evaluated by a licensed provider and contact camp ASAP for further guidance.

Symptoms (symp):

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

Please Initial

1. My child has not been around anyone with any of the listed symptoms or diagnosis of COVID19 in the 7 days before the start of camp. Initial _____

2. No one in our household has been sick in the 7 days prior to camp. Initial _____

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

Start date of temperature/
symptom screening:

Day:	7	6	5	4	3	2	1
Temp/ symp							

Our signature indicates that we completed this health screening daily for 7 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: _____

This form or a copy of camper vaccination card is mandatory. You must record your camper's temperature each day and bring this completed form with you to camp at check-in. If you do not have this form or you have not been completing it daily, your camper will be turned away at check-in.