Duncan Park (DP) Summer Camp Health Care Check-In Form

Camper's Name: _____

Session Name: _____

Read following statements, initial yes or no, and provide explanation as needed.

	YES	NO
Has your child had a fever within the last 24 hours? If yes, list medication given: _____ And was a doctor visited: _____ Temperature of fever:_____		
Has your child vomited or had diarrhea within the last 24 hours? If yes, list medication given: _____ And was a doctor visited: _____		
Does your child have any cuts, scrapes, bruises, burns, or anything else we should be aware of? If yes, please explain:		
May your child use topical preparations provided by DP (i.e. sunscreen and bug spray) as needed, with adult supervision? *When supplied for an individual camper, the sunscreen/bug spray must be labeled with the camper's first and last name.* *If sunscreen/bug spray is provided by the camp, Duncan Park will supply: Sun Screen- **Alba Botanica**. SPF- **50**. Bug Spray- **Greenerways Organic Deet Free Bug Spray**.		
Is there any medication you **do not want** your child to receive? Is Yes, then what?		
Has any information on the Medical History Form changed since it was filled out? If yes, please explain.		
Is there anything else we need to know about the physical or emotional condition of your child? Use back of form, if needed.		
In the last 14 days, has your child experienced any of the following symptoms of COVID-19? **-fever or chills, sore throat, cough, headache, fatigue, shortness of breath, muscle or body aches, new loss of taste or smell, congestion or runny rose, nausea, vomiting or diarrhea**		

In the last 14 days, has your child been exposed to anyone exhibiting the following symptoms of COVID-19? **-fever or chills, sore throat, cough, headache, fatigue, shortness of breath, muscle or body aches, new loss of taste or smell, congestion or runny rose, nausea, vomiting or diarrhea**		

My signature below indicates I give my permission for over the counter medication (including Tylenol, Advil, cough syrup, ointments, etc...) to be given to my child as needed.

Signature of Parent or Guardian: _____ Date: _____