

Camper/Participant Name: _____ Camp/Group: _____

Pre-Camp Health Screening



Dear Camp families and Groups,

In an effort to minimize illness at camp we ask that you check on the health of your camper/participant daily beginning 14 days prior to camp. The best camp sessions start with healthy campers/participants and this begins at home. Please bring this completed form to camp on opening day.

Please indicate if your camper or participant 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 for further guidance.

Symptoms:

- 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. Neither myself or my child/participant have been around anyone with any of the listed symptoms or diagnosis of COVID-19 in the 14 days before the start of camp. Initial _____
2. No one in our household has been sick in the 14 days prior to camp. Initial ____
3. My child/participant has not traveled by air or traveled out of state in the 14 days prior to camp. Initial __
4. My child/participant has adhered to our state's guidelines regarding. Initial _____

Start date of temperature/symptom screening:

Day:	14	13	12	11	10	9	8
Temp/ Symp							
Day:	7	6	5	4	3	2	1
Temp/ Symp							

Our signature indicates that we completed this health screening daily for 14 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/participants.

Parent/Participant Signature: _____ Date: _____

Camper/Participant Signature: _____ Date: _____