

SUMMER'S BEST TWO WEEKS

Pre-Family Camp Health Check Questionnaire

CAMPER NAME (PRINT): _____ Session: _____

Please Circle Camp: Lake Gloria or Que

Dear Camp Families,

In an effort to minimize illness at camp, we ask that you check on the health of your family members daily beginning 14 days prior to your Family Camp session. The best camp sessions start with healthy family members and this begins at home. Please bring this completed form (one for each family member) to camp on opening day.

Please indicate if any family member has any of the following symptoms prior to camp and record a temperature daily. If any temperature or symptoms are present, please have your family member 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. It is my understanding that this family member has not been around anyone with any of the listed symptoms or diagnosis of COVID19 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. This family member has not traveled by air or traveled out of state in the last 14 days except for traveling to camp. Initial _____
4. Our family has adhered to our state's guidelines regarding COVID19. Initial _____

Start date of temperature / symptom screening:
____/____/____

DAY	14	13	12	11	10	9	8
Temp/ Symptom							
DAY	7	6	5	4	3	2	1
Temp/ Symptom							

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

Camper Signature: _____ Date: ____/____/____
(Parent must also sign if camper is not 18 years old)

Parent Signature: _____ Date: ____/____/____