

SUMMER'S BEST TWO WEEKS

Pre-Camp Health Check Questionnaire

CAMPER NAME (PRINT): _____

Please Circle Camp: Lake Gloria or Que

Please Circle Session: Summer One June 10-18 First Term June 20-July 2 Second Term July 4-16 Third Term July 18-30 Fourth Term August 1-13

Dear Camp Families,
 In an effort to minimize illness at camp, we ask that you check on the health of your camper daily beginning 14 days prior to your Camp session. The best camp sessions start with healthy campers and this begins at home. Please bring this completed form (one for each camper) 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 for further guidance.

Symptoms:

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

Please Initial

1. It is my understanding that this camper 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 _____

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

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

ADDITIONAL PRE-CAMP CHECKLIST:

- Schedule your COVID test soon so you can provide your negative result within 72 hours of arriving at camp.**

- Complete health form online. (see emailed link)**

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 community, so we will provide a recent negative COVID test and we have completed health form.

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

Parent Signature: _____ Date: ____/____/____