



RETURN TO CAMP FORM

Camper Name: _____ Date: _____

Dear Camper Family,

In an effort to minimize illness at camp we ask that you check on the health of your camper during your week(s) away from Park Shore Day Camp. Please have your camper bring this completed form upon their return to camp.

Please indicate any of the following symptoms:

- | | | |
|------------------------------|-----|----|
| • Cough | YES | NO |
| • Short of breath | YES | NO |
| • Fever | YES | NO |
| • Chills | YES | NO |
| • Muscle Pain | YES | NO |
| • Sore Throat | YES | NO |
| • New loss of taste or smell | YES | NO |
| • Nausea | YES | NO |
| • Vomiting | YES | NO |
| • Diarrhea | YES | NO |

1. My child has not been around anyone with any of the listed symptoms or diagnosis of COVID-19. Initial _____
2. No one in our household has been sick. Initial _____
3. My child has not traveled by air or traveled out of state. Initial _____
4. My child has adhered to our state's guidelines regarding COVID-19. Initial. _____

My signature indicates that I have completed this to the best of my ability. We understand that arriving to camp healthy is vital to a health camp for all.

Parent/Guardian Signature: _____ Date: _____