

PARK SHORE COUNTRY DAY CAMP

HEALTH VERIFICATION

Camper's Name _____ Date ____ / ____ /2021

I do hereby verify that the above camper:

1. Has not been around anyone with any symptoms/diagnosis of COVID-19 and is symptom free.
2. No one in my household has been sick.
3. I have taken my child's temperature before their session begins and it did not exceed 100.4 degrees.
4. I have adhered to our state's guidelines regarding COVID-19.

Parent/Guardian Signature

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