



Camper Name _____ Start Date _____

Pre-Camp Health Screening (14 day)

Dear Camp families,

In an effort to minimize illness at camp, we ask that you complete a daily assessment beginning 14 days prior to the start of your camper’s session. The best camp sessions start with healthy campers and this begins at home. Please bring this completed form to camp on the first day of your camper’s session.

Please indicate if (camper name) _____ has any of the following symptoms prior to camp and record a temperature daily. If any temperature exceeds 100.0 degrees or symptoms are present, please be 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
- Vomitting
- Diarrhea

Please initial each line

1. My child has not 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 has not traveled by air or traveled out of state in the 14 days prior to camp. Initial _____
4. My child has adhered to our state’s guidelines regarding COVID-19. 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							

My signature indicates that I completed this health screening daily for 14 days prior to camp and to the best of our ability. I understand that arriving at camp healthy is vital to a healthy camp.

Parent/Guardian Signature _____ Date _____

Camper Name _____ Group _____