

Camper Name _____ Session Date _____

First Time Camper? Yes No

Pre-Camp Health Screening

Dear Camp Families,

In an effort to minimize illness at camp we ask that you check on the health of your campers daily beginning 5 days prior to camp. The best camp sessions start with healthy campers and this begins at home. Please bring this completed form to camp to your check-in day.

Please indicate if your camper has any of the following symptoms prior to camp and record their temperature daily. If any temperature or symptoms are present, please have your camper evaluated by a licensed provider and contact camp for further guidance.

Day	1	2	3	4	5
Temp					
Symptom?					

Start Date _____

Other concerns

Symptoms	
-Cough	-Sore throat
-Shortness of breath	-loss of taste/smell
-Fever	-Nausea
-Chills	-Vomiting
-Muscle pain	-Diarrhea

Please Initial

1. My child has not been around anyone with any of the listed symptoms or diagnosis of COVID-19 in the last 5 days before the start of camp. Initial _____
2. No one in our household has been sick in the past 5 days prior to camp. Initial _____
3. My camper is fully vaccinated for COVID-19 Yes No
4. My camper is boosted for COVID-19 Yes No Not Eligible

Our signature indicates that we completed this screening truthfully for the 5 days prior to camp to the best of our ability. We understand that arriving to camp healthy is vital to a healthy and complete camp experience for all camper and staff.

Parent Signature _____ Date _____

Camper Signature _____ Date _____