

# CHECK-IN FORM 2023

## CAMPER HEALTH SCREENING



Camper First Name: \_\_\_\_\_ Camper Last Name: \_\_\_\_\_ Week: \_\_\_\_\_

### Health Screening: 7- Day Symptoms History

In an effort to minimize illness at camp, we ask that all campers families track their camper's health 7 days prior to arrival. The best camp session starts with healthy campers, and this begins at home. Please bring this completed form to camp on check-in day.

Using the chart below, please indicate if your camper has experienced any of the following symptoms of communicable illnesses and record their temperature starting 7 days prior to camp. List symptoms on the day they occurred. We ask for campers who feel sick on check-in day or 24-hours prior to notify us. For symptoms within a few days of check-in, please have your camper evaluated by a licensed provider and contact camp for further guidance.

**Yes No** Has the camper experienced any of the following symptoms during the 7 days prior to arrival?

- |                                 |   |  |   |   |
|---------------------------------|---|--|---|---|
| <input type="checkbox"/> Cough  | <input type="checkbox"/> Difficulty breathing | <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Muscle pain        | <input type="checkbox"/> New loss of taste or smell |
| <input type="checkbox"/> Chills | <input type="checkbox"/> Diarrhea             | <input type="checkbox"/> Sore throat         | <input type="checkbox"/> Nausea or vomiting |   |

Days Until Camp	7	6	5	4	3	2	1
Temperature							

### Health Screening: Check-In Day Questions

To be completed on your camper's check-in day. **Explain any "Yes" responses** on the back of this form.

- |               |   |
|---------------|---|
| <b>Yes No</b> | Has the camper been sick within the last 14 days?   |
| <b>Yes No</b> | Has the camper been exposed to any contagious illnesses within the last 14 days?  |
| <b>Yes No</b> | Does the camper have any mental health/emotional concerns?  |
| <b>Yes No</b> | Does the camper have any visible signs of injury (cuts, bruises, etc.) or any rashes or itches?   |
| <b>Yes No</b> | Has the camper had any change in health or immunization status since the online Health History was last updated or completed?   |
| <b>Yes No</b> | Is the camper allergic to foods, medicines, or insect stings/bites? (If yes, list reactions and severity on back of this page)  |
| <b>Yes No</b> | Does the camper have a cell phone, cameras, GoPros, disposable cameras, food products, vape pens, alcohol, illegal drugs or weapons in their possession or luggage? (Not allowed – parents, please take home) |
| <b>Yes No</b> | Does the camper have any prescription or over-the-counter medications/vitamins/supplements in their luggage? You need medicines available at check-in with signed medication form.                            |

Initial \_\_\_\_\_

I understand that all prescription and over-the-counter medications, vitamins, and supplements must be turned in to the Healthcare Team in their original container(s) for administration as indicated on the Medication Administration Form. No medications, vitamins, or supplements are to be kept in luggage or with the camper with the exception of EpiPens and rescue inhalers, which must be cleared by our Healthcare Team and checked in with the nurse or physician at drop off, and then will be given to the camper's counselor.

I attest that the information I have provided on this check-in form is accurate and truthful.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Printed Name: \_\_\_\_\_

### DON LEE STAFF:

Temperature Check	Visual Check	Don Lee Staff Signature