



Pre-Camp Health Screening

In an effort to reduce exposure and minimize illness at camp, we ask that you check on the health of your camper daily beginning 10 days prior to their time at camp. Preventing the spread of COVID-19 and other illnesses starts at home. Please bring this completed form to check-in at camp.

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

Camper's Name _____

Camp Program: Wintertainment Teen Bash

Symptoms

- Cough
- Shortness of breath
- Difficulty breathing
- Fever
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell
- Nausea
- Vomiting
- Diarrhea

Please Initial

My child has not had a new fever of 100.4 or higher or a sense of having a fever in the past 10 days. _____

My child has not developed any of the listed symptoms on the left in the last 10 days that cannot be attributed to another health condition. _____

My child has not been in contact with an individual who has been ill with respiratory complaints or fever, or who I know has tested positive for COVID-19. _____

My child has not been diagnosed with COVID-19 in the past month. _____

Temperature/Symptom Screening

Day	Dec. 10	Dec. 11	Dec. 12	Dec. 13	Dec. 14
Temperature/ Symptoms					
Day	Dec. 15	Dec. 16	Dec. 17	Dec. 18	Dec. 19
Temperature/ Symptoms					

My signature indicates that I completed this health screening for my child daily for 10 days prior to camp and to the best of my ability. I understand that arriving to camp healthy is vital to a healthy camp for all campers. I understand that failure to provide this completed document and complete on-site screening is grounds for my camper to be sent home.

Parent/Guardian Signature _____ Date _____

Print Parent/Guardian Name _____