



CAMPER NAME: _____ CAMP SESSION: _____ START DATE: _____

Pre-Camp Health Screening - Begin 7 Days before Camp Start Date

You **MUST** bring this COMPLETED Form for Camp NURSE on Check-In Day

Dear Camp Families,

In an effort to minimize illness at Camp, we ask that you check on the health of your camper daily beginning 7 days prior to camp. The best camp sessions start with healthy campers and this begins at home with your help.

Please complete the 8-Day chart below by recording your campers temperature daily along with noting any observed symptoms. This should begin one-week before Camp starts and the final entry (Day 0) **before you leave home** on the day camp starts. Campers arriving with elevated temperatures will likely not be able to stay and participate. Should your camper become ill before or during Camp, any registration payments can be refunded or transferred.

___ Prior to camp arrival, check once you have completed a lice check, only those who are "nit-free" will be allowed to stay.

Symp # **Description**

Please Read and Initial ONE WEEK prior to camp

- | | |
|---------------------------|--|
| 1. Persistent Cough | <p><i>* If answering yes to any question below, call the Camp prior to arrival</i></p> <p>1. Has anyone in your household been around someone with COVID-19 symptoms or diagnosis in the past 7 days? Yes _____ No _____</p> <p>2. Has anyone in your household had a contagious illness in the past 7 days? Yes _____ No _____</p> <p>3. Has anyone in your household traveled by air out of state in the past 7 days? Yes _____ No _____</p> <p>Date initialed: _____</p> |
| 2. Difficulty Breathing | |
| 3. Fever (over 100 deg) | |
| 4. Body Chills | |
| 5. Muscle aches and pain | |
| 6. Sore Throat | |
| 7. Loss of taste or smell | |
| 8. Nausea or vomiting | |
| 9. Diarrhea | |

Temperature / Screening started _____ which is **ONE WEEK** before Camp session begins on _____

| <u>Day</u> | <u>7</u> | <u>6</u> | <u>5</u> | <u>4</u> | <u>3</u> | <u>2</u> | <u>1</u> | <u>0</u> | <u>Camp K Nurse</u> |
|-------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|----------------------------|
| Temp | | | | | | | | | |
| Symp # | | | | | | | | | |

We have completed this health screening form to the best of our ability and believe the information provided is true and accurate to the best of our knowledge. We understand the importance of arriving at Camp healthy, knowing that my child's health has a direct effect on all the other campers and staff in attendance.

Parent / Guardian _____ DATE _____

Camp K Nurse or Staff Person: _____ DATE _____