

Camper Name: \_\_\_\_\_ Camp Week Dates: \_\_\_\_\_

## Cragmont Summer Camp 2021 - Pre-Camp Health Screening Protocol

In an effort to minimize illness at camp we ask that you check on the health of your child(ren) daily beginning seven (7) days prior to camp. A form must be filled out for each child. The best camp sessions start with healthy campers and this begins at home.

**Please bring this completed form to camp and give to staff at drop-off.**

Please indicate if your camper has any of the following symptoms prior to camp and record a temperature daily. We thank you in advance for your honesty and thoughtfulness of others. If any temperature or symptoms are present, please have your camper evaluated by a licensed provider and contact the Camp Week Director for further guidance.

COVID Symptoms:

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

**PLEASE INITIAL**

1. My child has not been around anyone with any of the listed symptoms or diagnosis of COVID19 within 14 days prior to 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 COVID19. **Initial:** \_\_\_\_\_

Days Prior to Camp	7 Days Prior	6 Days Prior	5 Days Prior	4 Days Prior	3 Days Prior	2 Days Prior	1 Day Prior
List daily temperature and any symptoms							

The signature below indicates that we completed this health screening daily for 7 days prior to camp and to the best of our ability. We understand that arriving to camp healthy is vital to a successful camp season.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_