

Camper Name: _____ **Camp #** _____

You must present this health form at check-in for your camper to be admitted to camp.

Dear Camp Spalding Families:

In an effort to minimize illness at camp we ask that you check the health of your camper daily beginning 14 days prior to the start of his/her session (including the morning of arrival). The best way to minimize risk is to start with healthy campers, and this begins at home.

Please indicate if your camper has any of the following symptoms prior to camp and record his/her temperature daily. If any temperature or symptoms are present, please have your camper evaluated by a medical professional. **If your child is ill, please do not send him/her to camp. Thanks!**

Parent/Guardian must initial each point to indicate agreement with / understanding of that protocol.

1. _____ My child has not been around anyone with any of the listed symptoms, below, or with a diagnosis of COVID-19 in the 14 days prior to the start of camp.
2. _____ No one in our household has been sick in the 14 days prior to the start of camp.
3. _____ My child has not lived in/traveled to a COVID-19 “hot spot” (Phase 1) in the 14 days prior to the first day of his/her camp session.

Symptoms:

- Cough
- Shortness of breath
- Fever
- Chills
- Muscle Pain
- Sore Throat
- New loss of taste/smell
- Nausea
- Vomiting
- Diarrhea

Start date of temperature / symptom screening: _____

Day:	1	2	3	4	5	6	7
Temp / Symptoms							
Day:	8	9	10	11	12	13	14
Temp / Symptoms							

Our signature indicates that we have completed this health screening daily for the 14 days prior to the start of my child’s camp session. We understand that arriving to camp healthy is vital to a healthy camp for all campers.

Parent/Guardian Signature: _____ Date: _____

Adapted from a form created by Eleanor Matthews, RN