Pre-Camp Health Screening

Camper Name:_____ Session:_____

In an effort to minimize illness at camp, we ask that you check on the health of your camper daily beginning 14 days prior to camp. The best camp sessions start with healthy campers and this begins at home. Please bring this completed form to camp at check-in.

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.

Symptoms (symp):

- 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 COVID-19 within the 14 days before 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 to any known COVID-19 hotspots within the 14 days prior to camp. Initial _____
4. My child has adhered to Illinois' state guidelines regarding COVID-19 Initial_____

Start date of temperature/symptom screening: _____	**Day:**	**14**	**13**	**12**	**11**	**10**	**9**	**8**
	Temp/ symp							
	Day:	**7**	**6**	**5**	**4**	**3**	**2**	**1**
	Temp/ symp							

Our signature indicates that we completed this health screening daily for 14 days prior to camp and to the best of our ability. We understand that arriving to camp healthy is vital to a healthy camp for all campers.

Parent Signature:_____ Date:_____

Camper Signature:_____ Date:_____