CAMP EDUNTRY LAD

Pre-Camp Health Screening Form and COVID-19 Release

Camper Name:	Session:
Dear Camp families,	
camp. The best Camp summers start with healthy camp Camp on opening day. Please indicate if your camper h	a check on the health of your camper daily beginning 10 days prior to pers and this begins at home. Please bring this completed form to has any of the following symptoms prior to camp. If any fever or hed by a licensed provider and contact Camp for further guidance.
<u>Symptoms</u>	
• Cough	• Sore throat
 Shortness of breath or difficulty breathing 	 New loss of taste or smell
• Fever	• Nausea
• Chills	 Vomiting
Muscle Pain	• Diarrhea
Please initial below:	
1. My child has not been around an the 10 days before the start of camp.	yone with any of the listed symptoms or diagnosis of COVID-19 in
2 No one in our household has bee	n sick in the 10 days prior to camp.
3 My child has adhered to Country	Lad's Pre-Camp protocols regarding COVID-19.
Our signature indicates that we completed this health so that arriving to camp healthy is vital to a healthy Camp	creening prior to Camp and to the best of our ability. We understand for all campers.
preventative measures to reduce the spread of COVID-1	from person-to-person contact. Camp Country Lad has put in place 19; however, Camp Country Lad cannot guarantee that your child articipation could increase his risk of contracting COVID-19.
	nd voluntarily assume the risk that our child may be exposed to or ry Lad and waive our right to hold Camp Country Lad responsible for
Parent Signature:	Date
Camper Signature:	Date
PLEASE ATTACH A COPY OF YOUR CHILD'S V	VACCINATION CARD TO THIS FORM.
If your child is not vaccinated, please sign below:	
(and then mask for an additional 5 days at all times) wh COVID as Camp cannot provide safe distance unmaske	apper who has been exposed to COVID-19 must quarantine for 5 days ich, for Camp, will mean a 10-day quarantine if directly exposed to ad when sleeping and eating with others. I understand unvaccinated Camp for this 10-day period and a refund of tuition will not be made.
Parent Signature:	Date