



Pre-Arrival Camp Health Screening

Camper's Name: _____ Program Dates: _____

Dear Campers and Families:

In an effort to minimize illness at Sugar Creek, particularly as it relates to the COVID-19 pandemic, we ask you to check on your household members' health daily beginning *14 days prior* to your arrival at camp. *Please bring this completed form to camp on check-in day. For safety, this is required.*

It is crucial to screen the health of your family prior to anyone joining in-person camp activities. Campers will stay in small "cabin group" cohorts to minimize exposure; nevertheless it is important that every camper, without exception, arrives in good health. If anyone in your household has had a temperature at or above 100.4° F or if any other of the following symptoms are present, the affected individual must be evaluated by a licensed medical provider to rule out COVID-19 before the participant arrives. Visit [CDC.gov](https://www.cdc.gov) for more information.

Symptoms:

- ◆ *Fever or chills*
- ◆ *Cough*
- ◆ *Shortness of breath or difficulty breathing*
- ◆ *Fatigue*
- ◆ *Muscle or body aches*
- ◆ *Headache*
- ◆ *New loss of taste or smell*
- ◆ *Sore Throat*
- ◆ *Congestion / runny nose*
- ◆ *Nausea or vomiting*
- ◆ *Diarrhea*

<u>PLEASE INITIAL</u>	
1. No one in our household has been in proximity with anyone with any of these symptoms or with a diagnosis of COVID-19 in the 14 days before the start of camp.	<i>Initial</i> _____
2. No one in our household has been sick or had a fever <i>at or above</i> 100.4° F in any of the 14 days prior to camp.	<i>Initial</i> _____
3. No one in our household has traveled by air, bus or train in the 14 days prior to camp.	<i>Initial</i> _____
4. This participant, and everyone in their household, has avoided unnecessary risk of spreading COVID-19 by strictly following the <u>CDC's medical recommendations</u> in the two weeks prior to camp, including: physical distancing of at least 6 feet from unvaccinated unmasked non-household members; avoidance of indoor gatherings with the unmasked and unvaccinated, and (if unvaccinated) has used a face mask and PPE while in public places.	<i>Initial</i> _____

My/our signature(s) attest that we completed this health screening daily and to the best of our ability. We understand arriving to camp healthy is vital to the health and safety of our fellow participants.

If our camper shows any symptoms of COVID-19 during his/her week of camp, I/we consent that he/she is tested for COVID-19 with a rapid test kit, and if recommended a follow-up PCR test, both to be administered by the camp's staff or medical volunteers. I understand parents will be notified promptly about the results, and that there is no cost to the family for either test.

Opt out: I do not want my child tested for COVID-19 even if he/she has these symptoms. Instead I agree to immediately pick up my camper if he/she shows any of the symptoms above.

Signature, Guardian 1: _____ Date: _____

Signature, Guardian 2: _____ Date: _____