

## SYMPTOMS IN THE LAST TWO WEEKS WITHOUT OBVIOUS CAUSE

Check all that apply:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> FEVER (above 100.4) | <input type="checkbox"/> FATIGUE         | <input type="checkbox"/> SORE THROAT              |
| <input type="checkbox"/> COUGH               | <input type="checkbox"/> NAUSEA/VOMITING | <input type="checkbox"/> CHANGE IN TASTE OR SMELL |
| <input type="checkbox"/> SHORTNESS OF BREATH | <input type="checkbox"/> DIARRHEA        | <input type="checkbox"/> CHANGE IN APPETITE       |
| <input type="checkbox"/> BODY ACHES          | <input type="checkbox"/> CHILLS          |   |

MY CHILD HAS BEEN SYMPTOM FREE FOR THE PAST 14 DAYS INITIAL HERE

## PRE-EXISTING ILLNESSES

Check any that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> CARDIO VASCULAR DISEASE              | <input type="checkbox"/> DIABETES          |
| <input type="checkbox"/> RESPIRATORY DISEASE including ASTHMA | <input type="checkbox"/> IMMUNOCOMPROMISED |

*Individuals with preexisting conditions such as cardiovascular disease, respiratory disease including asthma, diabetes, and immunocompromised are at an increased risk of severe illness if COVID-19 is contracted. I understand that my child's pre-existing illness increases the implied risk of COVID-19.*

I UNDERSTAND THE IMPLIED RISK OF PRE-EXISTING ILLNESSES INITIAL HERE

## CONTACT HISTORY - check all that apply:

- The individual has been diagnosed with COVID-19.
- The individual has been in contact with someone exposed to or infected with COVID-19 in the last 14 days.
- The individual has a household member currently on a watch list for COVID-19 exposure.

*If any of the above apply, we ask you not to attend camp.*

I VERIFY THAT I HAVE ANSWERED THESE QUESTIONS TRUTHFULLY INITIAL HERE

The health and safety of our youth is our #1 priority. In light of the COVID-19 pandemic, we think it is important that you understand our efforts to manage your teens health and safety so that you can make an informed choice. We are focused on taking all reasonable measures to prevent the spread of COVID-19 at our camp. We are adding increased frequency measures for things such as wiping down common touch points, dining hall areas, and activity equipment. Additionally, we will take measures to monitor and address symptomatic teens at camp with daily temperature checks, and protocols to isolate, confirm, respond, and remove any student or staff with suspected COVID-19.

This situation continues to change daily, and as such, we will adapt and adjust our protocols and procedures as we follow the guidance provided by the CDC and local health departments, in our efforts to help keep everyone safe.

I CONSENT TO THE ABOVE DISCLOSURE FOR SUMMER 2020 INITIAL HERE

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE