



Please fill out the day that your child will be arriving to camp!
Bring to camp and hand in at check-in.

Health Screening for _____ Check in Date _____

Please answer, and initial and sign and date when you have read. Let us know if you have any questions.

1. Have you had any signs or symptoms of a fever in the past 24 hours such as chills, sweats, felt "feverish" or had a temperature that is elevated for you/100.4F or greater?
2. Do you have any of the following symptoms?
☐ Cough ☐ Shortness of Breath ☐ Sore Throat ☐ Congestion or Runny Nose
☐ Body Aches ☐ Loss of Taste or Smell ☐ Nausea ☐ Diarrhea ☐ Vomiting
☐ Fevers/Chills/Sweats ☐ Soars on tops of Toes – if you are under the age of 14
3. Have you come into close contact (within 6 feet) with someone who has a laboratory confirmed COVID – 19 diagnosis in the past 14 days?
4. Please stay healthy – get sleep, eat well, pay attention to your personal habits.
5. Please be careful not to touch your face – especially mouth and eyes and nose.
6. Cough into your armpit, or sleeve – help us prevent the spread of germs.
7. Wash hands thoroughly and often. Thorough hand washing is better than Hand Sanitizer.
8. We'll be cleaning frequently touched surfaces regularly, but you can also use your shirt, or a sleeve to open doors. You need to be responsible for where and what you are touching.
9. Please set up your sleeping – head to toe, and spread out in your assigned room.
10. Staying at a reasonable distance from each other while visiting and connecting. Close talkers – this is the time to take a step back.
11. Use wisdom and care. Thanks for helping us have a safe and healthy week.

In addition to the current release form, I assume all risks related to exposure to Covid 19 at Pine Lake Camps.

Sign _____ Date _____

Signature