

Pre-Camp Health Screening Form - 2021



Kingsley Pines
The way camp should be

Camper Name: _____

In an effort to minimize illness at camp, we ask that you check on the health of your camper daily **beginning 10 days prior to camp**. The best camp session starts with healthy campers and this begins at home. **Please bring this completed form to camp on opening day, as it is required for your child's admittance into camp.**

Please record on a daily basis your child's temperature and symptoms in the chart below.

If any temperature or symptoms are present, please have your camper evaluated by a licensed provider and contact camp for further guidance.

SYMPTOMS TO RECORD:

- Cough
- Shortness of breath or difficulty breathing

- Fever
- Chills
- Muscle Pain
- Sore throat

- Loss of taste or smell
- Nausea
- Vomiting
- Diarrhea

	Thursday	Friday	Saturday	Sunday	Monday
	Day 1	Day 2	Day 3	Day 4	Day 5
Temperature					
Symptoms					

	Tuesday	Wednesday	Thursday	Friday	Saturday <i>Sunday</i>
	Day 6	Day 7	Day 8	Day 9	Day 10 <i>Off to camp!</i>
Temperature					
Symptoms					

PLEASE Read and INITIAL

1. My child has not been around anyone with any of the listed symptoms or diagnosis of COVID19 in the 10 days before the start of camp. Parent's Initials _____
2. No one in our household has been sick in the 10 days prior to camp. Parent's Initials _____

My signature indicates that I completed this health screening daily for 10 days prior to camp and to the best of my ability. I understand that arriving to camp healthy is vital to a healthy camp for all campers.

Parent Signature: _____

Date: _____

Parent Printed Name: _____