

Camper Name: _____ Camp Event: _____

Required 14 Day Pre-Camp Health Practice Form

Dear Camp Families,

In an effort to minimize the risk of COVID-19 at camp we're asking you to take some special steps in preparing for camp this year in the 14 days prior to the start of camp. These special pre-camp care guidelines include: **avoiding unnecessary travel and crowds, limiting your interactions with people outside your household, and adhering to [PA state social distancing and masking guidelines](#)**. Additionally, we're also asking you to monitor the daily health of your camper beginning 14 days prior to camp. Bring this required completed form with you to camp check-in.

Please indicate if your camper has any of the following symptoms prior to camp and record a temperature daily. If any symptoms are present, please have your camper evaluated by a licensed healthcare provider and contact the camp for further guidance.

Symptoms: - Fever (100.4 or higher) - New lack of smell or taste - Cough - Shortness of breath - Difficulty breathing - Sore throat - Runny nose/congestion - Chills - Muscle pain - Nausea or vomiting - Headache	Day 1 – Date:_____ Temp:_____ Symptoms:_____
	Day 2 – Date:_____ Temp:_____ Symptoms:_____
	Day 3 – Date:_____ Temp:_____ Symptoms:_____
	Day 4 – Date:_____ Temp:_____ Symptoms:_____
	Day 5 – Date:_____ Temp:_____ Symptoms:_____
	Day 6 – Date:_____ Temp:_____ Symptoms:_____
	Day 7 – Date:_____ Temp:_____ Symptoms:_____
	Day 8 – Date:_____ Temp:_____ Symptoms:_____
	Day 9 – Date:_____ Temp:_____ Symptoms:_____
	Day 10 – Date:_____ Temp:_____ Symptoms:_____
	Day 11 – Date:_____ Temp:_____ Symptoms:_____
	Day 12 – Date:_____ Temp:_____ Symptoms:_____
	Day 13 – Date:_____ Temp:_____ Symptoms:_____
	Day 14 – Date:_____ Temp:_____ Symptoms:_____

Has your camper had a COVID-19 vaccine? No _____ Yes _____ If yes, date of vaccine _____

Please initial beside each of the following statements below:

- 1. My child has not been exposed to anyone diagnosed with COVID-19 in the 14 days prior the start of camp. Initial _____**
- 2. No one in our household has been sick in the 14 days prior to camp. Initial _____**
- 3. Our family has adhered to PA state COVID-19 masking and mitigation guidelines and the special pre-camp care guidelines listed above. Initial _____**

My signature below indicates that we completed this required health screening daily for 14 days prior to camp and to the best of our ability. We understand that arriving to camp healthy is vital to a healthy camp community for everyone.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____