



The safety of all our members, volunteers, and employees is Central Florida Council's top priority. In light of COVID-19, we are taking additional precautions at Camp La-No-Che on top of our well-established health and safety measures. Council Health Supervisors, Dr. Dan Miller and Dr. Tom Yuschock, are coordinating with the Florida Department of Health and the Lake County Health Department, to ensure we are aware of and follow their guidance to mitigate the risk of COVID-19 at camp.

Our mitigation plan includes:

- Pre-attendance education. Find details on expectations at camplanoche.com/covid-19
- Health screening conducted by your unit prior to travel to camp.
- Health screening review upon your arrival at camp conducted by our Camp Staff.
 - ANYONE NOT FEELING WELL SHOULD NOT ATTEND THE EVENT.
- Limits on visitors in camp.
 - Public visitors will not be allowed without prior approval of the Camp Director. Vendors will be screened and pre-approved.
- Extra hand washing and sanitizing stations throughout camp.
- For council events or Dining Hall use, daily Health Checks should be conducted by Unit Leaders. Leaders should monitor the health of their campers and notify Health Officer if anyone exhibits signs of illness.
- Dedicated staff to clean and disinfect high-touch surfaces and shared program equipment.
- An emergency response plan that includes isolation and quarantine protocol should a person at camp develop symptoms of COVID-19 or other communicable disease.

These precautions are important, but they do not remove the potential for exposure to COVID-19 or any other illness while at camp. Some people with COVID-19 show no signs or symptoms, but can still spread the virus, and people may be contagious before their symptoms occur. **These factors mean that an infected person may pass the required health screenings and be allowed into camp.**

We also know the very nature of camp makes social distancing difficult in many situations and impossible in others. Each staff member, volunteer, and Scouting family has a unique set of circumstances to consider when deciding whether to attend camp. We hope this information will be helpful as you make these choices.

STATEMENT OF UNDERSTANDING AND AGREEMENT

I NAME , will cheerfully follow, encourage and enforce all of the currently established Covid-19 guidelines set forth by the Central Florida Council Covid-19 Task Force, namely:

- Wear a mask properly while indoors, unless seated and eating or drinking.
- Wear a mask properly when social distancing is not possible and when directed by staff.
- Social Distance: 6ft or greater when possible.
- Wash/Sanitize hands after using the restroom, before meals and as frequently as possible.

By signing this agreement, I acknowledge that I have been informed of the guidelines and expectations regarding Covid-19 and the consequences that will result in failing to follow the procedures and policies that are in place.

Good Scouting, Camp La-No-Che Management at <http://camplanoche.com> / (352) 669-8558

Participant Signature
Date: _____

Parent Signature (if under 18 years old)





This tool was created by the Camp La-No-Che Management Team to assist Unit Leaders in identifying potentially communicable diseases in advance of event participation. The intent of this checklist is to review with each participant their current health status both before departure and upon arrival at the event.

Participant Name: _____ Unit #: _____ Council: _____

Parent Name: _____ Temperature: _____

If participant is under 18 years old

- YES or NO **Has the participant been in contact with anyone who has COVID-19 or is otherwise sick?**
 YES or NO **Has the participant or anyone they have been in close contact with traveled on a cruise ship, internationally, or to an area with a known communicable disease outbreak in the last 14 days?**
 YES or NO **Has the participant received a complete dose of any available COVID-19 vaccine?**

Has the Participant had any of the following symptoms in the last 24 hours?

	CAMPER / PARENT			CAMP STAFF USE ONLY		
Fever (100.4 F or greater)	YES	or	NO	YES	or	NO
Vomiting	YES	or	NO	YES	or	NO
Diarrhea	YES	or	NO	YES	or	NO

If a participant has fever, vomiting, or diarrhea - he or she should stay home.

Has the Participant had any of the following symptoms in the last 24 hours?

	CAMPER / PARENT			CAMP STAFF USE ONLY		
Extreme Fatigue or Muscle Aches	YES	or	NO	YES	or	NO
Rash	YES	or	NO	YES	or	NO
Cough	YES	or	NO	YES	or	NO
Sore Throat	YES	or	NO	YES	or	NO
Open Sore	YES	or	NO	YES	or	NO
Sudden Loss of Taste or Smell	YES	or	NO	YES	or	NO

If a participant has any two (or more) symptoms - he or she should stay home. If the participant has one of these symptoms, discuss any limitations and restrictions and consider having him or her stay home.

If a participant becomes ill during a Camp Program, they should not return to an activity until they are cleared by a health-care provider.

Signature: _____ Date: _____

FOR CAMP USE ONLY:

Staff Performing Medical Check: _____ Participant Temp. upon arrival: _____

Staff Signature: _____