

Camper Name: _____

Session: _____

Pre-Camp Health Screening

Dear Camp Families,

To minimize illness at Camp Cornhusker we ask that you check on the health of your camper daily beginning 14 days before camp. Please bring this completed form to camp on opening day.

Please indicate if your camper has any of the following symptoms before camp and record a temperature daily. If any temperature of 100.4 or greater or symptoms are present, please have your camper evaluated by a licensed provider and contact camp for further guidance.

Please initial

My child has not been around anyone with any of the listed symptoms or diagnosis of COVID19 in the 14 days before the start of camp.

Initial: _____

No one in our household has been sick in the 14 days prior to camp.

Initial: _____

My child has traveled by air or traveled out of state in the 14 days prior to camp. Mark N/A if you have not traveled out of state and initial. List State: _____ Initial: _____

My child has adhered to our state's guidelines regarding COVID19.

Initial: _____

Keep campers away from individuals who are sick during those 14 days prior to camp

Screen your troop prior to departure to camp

At Camp Arrival Screening

Occupants of each arriving Vehicle temperature will be checked before being allowed to proceed to check-in. If any occupant's temperature is 100.4 or greater or present with signs or symptoms of COVID-19 then all occupants will be rejected and asked to leave camp.

Symptoms of Coronavirus

Coronavirus Disease 2019 (COVID-19)

Camper Name: _____

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Symptoms (Sx):

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness.

Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Start date of temperature/ symptom screening: _____

Day:	14	13	12	11	10	9	8
Temp/Sx							
Day	7	6	5	4	3	2	1
Temp/Sx							

Our signature indicates that we completed this health screening daily for 14 days before camp and to the best of our ability. We understand that arriving at camp healthy is vital to a healthy camp for all campers.

Parent Signature: _____ Date: _____

Camper Signature: _____ Date: _____