

Camp Gorton Health Screening for Youth Participants

Name of Camper: _____

Week attending Camp: _____



Dear Parent/Guardian of Camp Gorton Camper,

Please use the following form to document the health of your child during the two weeks preceding their arrival at Camp Gorton. This completed form must be presented during your check-in process.

Please place a checkmark next to any of the following symptoms your child has experienced in the two weeks leading up to their arrival at Camp Gorton.

Cough ___ Shortness of breath / difficulty breathing ___ Fever ___ Chills ___

Muscle Pain ___ Sore Throat ___ Loss of taste or smell ___ Nausea ___

Vomiting ___ Diarrhea ___

As the legal guardian of the Camp Gorton camper, please sign your initials verifying the following statements:

My child has not been around anyone with any of the listed symptoms of diagnosis of COVID-19 in the 14 days before the start of camp. _____

No one in our household has been sick in the 14 days before the start of camp. _____

My child has adhered to our state and local official's guidelines regarding COVID-19. _____

My child has been vaccinated for COVID-19 Yes ___ No ___ (Optional)

Temperature Log. Begin to record your child's temperature daily beginning two weeks before his or her arrival at Camp Gorton.

Start date of temperature / symptom screening: _____

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

Your signature below indicates that the information above is true to the best of your knowledge.

Parent Signature: _____

Date: _____

Camper Signature: _____

Date: _____