

# Covid Pre-Screening Form

Participant Name: \_\_\_\_\_

In an effort to minimize illness at camp we ask that you check on the health of your camper daily beginning 5 days prior to camp. The best camp sessions start with healthy campers and this begins at home. Please bring this completed form to camp on opening day.

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

**Symptoms:**

Cough

- Shortness of breath or difficulty breathing

- Fever

- Chills

- Muscle Pain

- Sore throat

- New loss of taste or smell

- Nausea

- Vomiting

- Diarrhea

Please initial (parent initial for youth)
1. I/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 _____
2. No one in our household has been sick in the 14 days prior to camp. Initial _____
3. I/My child has adhered to our state's guidelines regarding COVID19. Initial _____

Day	5	4	3	2	1
Temp					

*Our signature indicates that we completed this 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 for all campers.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Transportation Contact Trace Form

In order to identify personal contacts in the event of a COVID exposure, all Arrowmen are required to provide the following information regarding transportation to/from Pipsico:

Driver \_\_\_\_\_

Passenger 1 \_\_\_\_\_

Passenger 2 \_\_\_\_\_

Passenger 3 \_\_\_\_\_

Passenger 4 \_\_\_\_\_

Passenger 5 \_\_\_\_\_