



Pre-Arrival Camp Health Screening

Camper's Name: _____ Program Dates: _____

Dear Campers and Families:

In an effort to minimize illness at Sugar Creek, particularly as it relates to the COVID-19 pandemic, in accordance with ACA accreditation and CDC guidelines for residential summer camps, we ask that you monitor your household members' health for 10 days prior to your arrival at camp. *Please bring this completed form to camp when you arrive.*

It is crucial that every camper arrives in good health and without recent "close contact" with anyone with COVID-19. Campers stay in small "cabin group" cohorts to minimize exposure, but very occasionally (and briefly) they will be in larger group indoor spaces, at which times basic precautions such as masking will be in place. If anyone in your household had a temperature at or above

100.4°F or if any of the following symptoms are present, the affected individual must either be evaluated by a licensed medical provider, or must have a negative result to a home "rapid test" according to CDC.gov timelines for symptoms and exposure to rule out COVID-19 before the participant arrives.

PLEASE INITIAL

1. No one in our household has been in the proximity of anyone with a diagnosis of COVID-19 in the 10 days before the start of camp. *Initial* _____
2. No one in our household has been sick or had a fever *at or above* 100.4°F in any of the 10 days prior to camp, without a negative COVID test afterward. *Initial* _____

Symptoms

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

My/our signature(s) below indicate I/we have monitored our health daily to the best of our ability. We understand arriving to camp healthy and without recent exposure to COVID-19 is vital to the safety of fellow participants and to the continued operation of programs in weeks to follow.

If our camper shows any symptoms of COVID-19 during his/her week at camp, I/we consent that he/she will be tested for COVID-19 with a rapid test, and if recommended a follow-up PCR test, both to be administered by the camp staff or medical volunteers. Parents will be notified promptly about the results, and there is no cost to the family for either test.

Opt out: *I do not want my child tested for COVID-19 even if he/she has symptoms. Instead I agree to immediately pick up my child if he/she shows any of the symptoms above.*

Signature, Guardian 1: _____ Date: _____

Signature, Guardian 2: _____ Date: _____