

# Camp Pre-Screening Form

To help keep everyone safe at camp, please try to avoid circumstances of elevated risk for COVID-19 for ten days prior to camp. **A negative Covid test within 24 hours of coming to camp is highly recommended although not required.**

Please fill out this form and bring it with you to Family Camp. The following information is confidential. This form will be turned in to the camp nurse on arrival at camp and will be kept in a secure location and only shared if medically necessary. Signature of a parent/guardian is required for any camper under the age of 18.

Camper Full Name	Date of Birth	Age
Emergency Contact Name	Relationship	Phone Number

I / My camper has been fully vaccinated, if applicable. (This is not a requirement to attend camp.)  
Dates of vaccinations: \_\_\_\_\_

I/My camper has been fever free for the past two weeks or  has tested negative.

## SYMPTOMS IN THE LAST TWO WEEKS

Have you/your camper had diarrhea, sore throat, vomiting, fever, change in taste or smell, new or unusual body aches, chills, persistent headache, new cough, or have not generally been feeling well in the last two weeks? (circle any that apply). If so, please do not attend camp unless you have a negative Covid test before coming to camp.

I/My camper has been symptom free for the past 14 days or  I/my camper has tested negative.

## PRE-EXISTING ILLNESSES

Individuals with pre-existing conditions such as diabetes, heart disease, cardiovascular disease, immunocompromised, respiratory disease, weakened immune system, and other conditions are at an increased risk of severe illness if COVID-19 is contracted. I understand this risk.

I understand the implied risk of pre-existing illnesses.

## CONTACT HISTORY

Has this individual been diagnosed with COVID-19 in the last 14 days? Yes  No

Has this individual been in contact with someone who was exposed to or infected with COVID-19 in the last 14 days? (Not applicable to health care workers or professionals) Yes  No

Does this individual have a household member currently on a watch list for COVID-19 exposure? Yes  No

If any of these apply, please do not attend camp unless you have a negative Covid test before coming to camp.

The health and safety of our Campers and Staff is our highest priority. Ultimately, the choice for you or your child to attend camp is a personal one. If you are uncomfortable with the risks of COVID-19 in a summer camp setting, or if you are unable to attend camp due to Covid concerns, contact the mission center for refund information.

I have answered all questions truthfully and understand the risks of attending camp.

\_\_\_\_\_  
Signature of Camper or Parent/Guardian of Camper

\_\_\_\_\_  
Date



**Additional Health Information (may be shared with appropriate camp staff)**

**Allergies:**

No Known Allergies

To foods (list): \_\_\_\_\_

To medications: (list): \_\_\_\_\_

To the environment (insect stings, hay fever, etc.– list): \_\_\_\_\_

Other allergies: (list): \_\_\_\_\_

Describe previous reactions:

Are there any other health conditions of which the staff should be aware? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_