

Participant Name: _____

Date: _____

Pre-Program Health Screening

Dear Camp Fire families,

In an effort to minimize illness at Camp Fire we ask that you review and acknowledge the health of your child daily beginning prior to program. The best program sessions start with healthy children and this begins at home. Please bring this completed form to program on opening day.

Please indicate if your child has any of the following symptoms prior to program. If any temperature or symptoms are present, please have your child evaluated by a licensed provider and contact Camp Fire for further guidance.

Symptoms (symp):

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle Pain
- Sore throat
- New loss of taste or smell
- Nausea
- Vomiting
- Diarrhea

Please initial

1. To my knowledge, 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 program.

Initial _____

2. No one in our household has been sick in the 14 days prior to program. Initial _____

3. My child has not traveled by air or traveled out of state in the 14 days prior to program. Initial _____

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

Our signature indicates that we have reviewed and completed this health screening prior to program and to the best of our ability. We understand that arriving to program healthy is vital to a healthy Camp Fire program for all participants.

Parent Signature: _____ Date: _____

Child/participant Signature: _____ Date: _____