

SUMMER 2022 DAILY CAMP HEALTH DECLARATION

Camp Name: _____

Prior to a staff member's or child's entry to a camp, this Health Declaration must be completed.

Staff member/Parent Name _____ and Date: _____

Staff and parents must respond to each question below:

1. Are you on quarantine? Yes No
2. Have you tested positive for COVID-19? Yes No
3. Have members of your household tested positive for COVID-19? Yes No
4. Are members of your household in quarantine or suffering from any COVID-19 symptoms (i.e., cold-like symptoms, cough, sore throat, sniffles, headache, temperature (fever), or any symptoms affiliated with other COVID-19 variants, such as loss of smell or taste)? Yes No

If these are any "Yes" responses, the staff member and children of the parent completing the form cannot enter the camp.