

Camper Name: _____

Session: _____

Y Day Camp Pre-Camp Health Screening

Please bring this completed form to camp or the bus on Monday

Important: This screening form will be completed prior to the first day of each session and the questions will be reviewed each day by the staff person conducting the health check. If unable to attest to these statements, your child will be unable to attend and a return to camp plan will be coordinated with the Director.

Everyone is susceptible to contracting COVID-19 upon exposure. Currently, there is no cure or vaccination available to prevent contracting COVID-19. Proper sanitation practices, wearing facial coverings, avoiding contact with infected persons, and self- quarantine at the onset of symptoms are the most effective ways to prevent contraction and spread within the community. These are critical policies that when practiced by our entire camp community, limit the risk to exposure of COVID-19 and help to keep each other and loved ones safe.

In order for your child to attend camp, the following statements must be true and your initials indicate that they are. You will be asked these statements during check in each day.

1. My child has not been around anyone with any of the symptoms listed below or diagnosis of COVID19 in the past 14 days. Initial _____
2. My child has not traveled to or from an area that does not meet the current Vermont Cross State Travel Plan within the past 14 days - <https://accd.vermont.gov/covid-19/restart/cross-state-travel>. If so, they have quarantined for the 14 days prior to camp; or they have tested negative for COVID19 within the past 7 days (date of test _____). Initial _____
3. My child and our family have adhered to Vermont guidelines regarding COVID19. Initial _____

To help us monitor health conditions in our program, please consider whether your camper has had any of the following symptoms within the past 48 hours. The below symptoms are not only for COVID-19, but other viral, bacterial, or fungal infections.

- fever (temperature higher than 100.3°)
- cough
- fever
- shortness of breath
- difficulty breathing
- chills
- repeated shaking with chills
- muscle pain
- headache (especially with a fever)
- new loss of taste or smell
- severe sore throat that lasts more than 48 hours, especially with a fever
- a significant rash, particularly when other symptoms are present
- large amounts of discolored nasal discharge
- severe ear pain
- diarrhea
- vomiting
- other signs of illness

By signing below, I hereby state I have no knowledge of my child exhibiting any of the symptoms listed above within the past 48 hours. I also acknowledge that if Meeting Waters YMCA staff notice my child displaying any of the above symptoms, I or another emergency contact will be available to pick up my child from camp within one hour of being contacted.

Signature _____

Date: _____

Print Name: _____

Relationship to camper: _____

****This information abides by all Meeting Waters YMCA confidentiality policies.**