

Camp Wasewagan Summer 2021

Camper Name _____ Date of Birth: _____ Male: _____ Female: _____
 Date to arrive at camp: _____ Name of person completing this form: _____
 Location of where you have lived in the past 2 months:
 Town/City: _____ State: _____ County: _____ Country: _____

14-Day Prior to Camp Health Screening

A healthy camp starts at home. To minimize illness at camp we ask that you check on the health of your child daily beginning 14 days prior to the date they are expected to arrive at camp. **Please bring this completed form to camp check-in on opening day. Email: adventures@wasewagan.com Fax: (909) 794-8453**

Please indicate if your child has any health symptoms related to COVID-19. If any symptoms are present, please have your child evaluated by a licensed health provider and contact our office.

<p>If you exhibit mild to moderate symptoms of COVID-19, including but not limited to:</p> <ul style="list-style-type: none"> <input type="radio"/> Cough <input type="radio"/> Frequent sneezing <input type="radio"/> Fever <input type="radio"/> Chills <input type="radio"/> Muscle pain <input type="radio"/> Sore throat <input type="radio"/> New loss of taste or smell <input type="radio"/> Shortness of breath <input type="radio"/> Difficulty breathing <input type="radio"/> Nausea <input type="radio"/> Vomiting <input type="radio"/> Diarrhea 	<p>Please Initial Today's Date: _____</p> <ol style="list-style-type: none"> 1. My child has not been around anyone with any of the listed symptoms or diagnosis of COVID-19 in the 14 days prior to the start of camp. Initial _____ 2. No one in our household has been sick in the 14 days prior to camp. Initial _____ 3. My child has not traveled by air or traveled out of the state of California in the 14 days prior to camp. Initial _____ 4. My child has adhered to our state's guidelines regarding COVID-19. Initial _____
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Start date of temperature/symptom screening: _____

Date:	14	13	12	11	10	9	8
Temperature Symptom							
Day:	7	6	5	4	3	2	1
Temperature Symptom							

Our signature indicates that we completed this health screening daily for 14 days prior to camp and to the best of our ability. We understand that arriving at camp healthy is vital to a healthy camp community.

Parent/Guardian Signature: _____ Date: _____