

Camper Name: _____

Session: _____



Camp Newaygo Overnight Camp Pre-Camp Health Screening 2021

Dear Camp Families,

In an effort to minimize illness at camp we ask that you check on the health of your camper daily beginning 14 days prior to camp. The best camp sessions start with healthy campers and this begins at home. Please bring this completed form to camp on check-in day to partner with us for success this summer.

Please indicate if your camper has any of the following symptoms prior to camp and record a temperature daily. If any temperature or symptoms are present, please have your camper evaluated by a licensed provider and contact camp for further guidance.

COVID-19 Symptoms:

- Cough
- Shortness of breath or difficulty breathing
- Fever (100.4 or higher)
- Chills
- Muscle Pain
- Sore Throat
- New loss of taste or smell
- Nausea
- Vomiting
- Diarrhea

Please initial:

1. My camper has not been around anyone with any of the listed symptoms or diagnosis of COVID-19 in the 14 days before the start of camp. Initial _____

2. My camper has adhered to the Camp Newaygo policies outlined in the Overnight Camp COVID-19 Guidebook, and has not participated in any of the “moderate-high risk” activities listed on page 13, within 10 days of camp Initial _____

3. My child has completed a COVID-19 PCR Nasal Swab within 7 days of check-in at Camp Newaygo and tested negative for COVID-19. Initial _____

Start date of temperature/ & symptom screening:

Day:	14	13	12	11	10	9	8
Temp (write)	Temp:	Temp:	Temp:	Temp:	Temp:	Temp:	Temp:
Symptom (please circle Yes or No)	Symp Y/N	Symp Y/N	Symp Y/N	Symp Y/N	Symp Y/N	Symp Y/N	Symp Y/N
Day:	7	6	5	4	3	2	1
Temp (write)	Temp:	Temp:	Temp:	Temp:	Temp:	Temp:	Temp:
Symptom (please circle Yes or No)	Symp Y/N	Symp Y/N	Symp Y/N	Symp Y/N	Symp Y/N	Symp Y/N	Symp Y/N

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 to camp healthy is vital to a healthy camp for all campers.

Parent Signature: _____ Date: _____

A Printed copy of this completed form is required at Check-In