

TUESDAY

Daily Camper Health Screen Form

Must be filled out and brought to check-in on Tuesday morning.

Camper Name _____ Date _____

Has there been any change in your child's health since the initial Health Screening Form has been filled out? No _____ Yes _____

Has your child been exposed to anyone who has respiratory illness symptoms or COVID 19? No _____ Yes _____

Parent or Guardian Signature _____ Date _____

Temperature _____ Reviewed by _____ Date _____

WEDNESDAY

Daily Camper Health Screen Form

Must be filled out and brought to check-in on Wednesday morning.

Camper Name _____ Date _____

Has there been any change in your child's health since the initial Health Screening Form has been filled out? No _____ Yes _____

Has your child been exposed to anyone who has respiratory illness symptoms or COVID 19? No _____ Yes _____

Parent or Guardian Signature _____ Date _____

Temperature _____ Reviewed by _____ Date _____

THURSDAY

Daily Camper Health Screen Form

Must be filled out and brought to check-in on Tuesday morning.

Camper Name _____ Date _____

Has there been any change in your child's health since the initial Health Screening Form has been filled out? No _____ Yes _____

Has your child been exposed to anyone who has respiratory illness symptoms or COVID 19? No _____ Yes _____

Parent or Guardian Signature _____ Date _____

Temperature _____ Reviewed by _____ Date _____

FRIDAY

Daily Camper Health Screen Form

Must be filled out and brought to check-in on Wednesday morning.

Camper Name _____ Date _____

Has there been any change in your child's health since the initial Health Screening Form has been filled out? No _____ Yes _____

Has your child been exposed to anyone who has respiratory illness symptoms or COVID 19? No _____ Yes _____

Parent or Guardian Signature _____ Date _____

Temperature _____ Reviewed by _____ Date _____