



Camp Mikell Summer Camp

Pre- Camp Health Screening

For Office Use Only:
 Reviewed by: _____
 Date: _____
 Notes:
 Further approval required: YES NO
 Reason: _____

Dear Camp families,

In an effort to minimize illness at camp we ask that you check on the health of your camper daily beginning 5 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 registration day.**

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.

Camper Name _____

Camp Session: _____

Symptoms (symp):

-
- Cough
- Shortness of breath
- or
- Difficulty breathing
- Fever
- Chills
- Muscle Pain
- Sore throat
- New loss of taste or smell
- Nausea
- Vomiting
- Diarrhea

Please initial

1. **My child has not been around anyone with any of the listed symptoms or diagnosis of COVID19 in the 10 days before the start of camp. Initial _____**
2. **No one in our household has been sick in the 10 days prior to camp. Initial _____**
3. **My child has been tested for Covid within the last 72 hours, and the test was:**
 ___Positive ___Negative

Start date of temperature/
 symptom
 screening:

Day:	5	4	3	2	1
Temperature / symptoms					

Our signature indicates that we completed this health screening daily for 5 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/Guardian Signature: _____ Date: _____

Camper Signature: _____ Date: _____