



Pre-Camp Health Screening

Camper Name: _____

Date of Camp week: _____

Program: _____

Dear GLLM Camper Families,

We are so excited to welcome your camper to camp in 2 weeks! It’s going to be so great to be back in community together! **A big part of making sure camp is as safe as it can be this summer is up to you at home. This form is REQUIRED for attendance at camp.** You will need to bring it with you when you drop your camper off.

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

- Temperature over 100.4
- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell
- Nausea
- Vomiting
- Diarrhea

Start date of symptom screening: _____

Day	14	13	12	11	10	9	8
Symptoms?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Day	7	6	5	4	3	2	1
Symptoms?	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N

Please initial the following statements if true:

My child has not been around anyone with any of the listed symptoms OR a diagnosis of COVID-19 in 14 days prior to the start of camp.

Initial _____

My child has not participated in any activities with a high risk of COVID spread in the past 14 days.

Initial _____

My signature indicates that we completed this health screening daily for 14 days prior to camp. We understand that arriving to camp healthy is vital to a healthy summer for all campers and staff.

Parent Signature: _____ Date: _____