

Please answer the questions and explain any "YES" answers. This is used to ensure the wellness of our campers and staff while we are at camp.

In the last 14 days have you had any of the following symptoms? (Circle and explain if needed)				Explain any "YES" answers
* Dry or Productive Cough	* Congestion or runny nose	YES	NO	
* Fever or chills	* Difficulty catching your breath			
* Fatigue	* Headache			
* New loss of taste or smell				
Have you been around anyone with the preceding symptoms?		YES	NO	
Have you travelled outside Shasta County in the last 14 days?		YES	NO	
• What county? How Long? For what purpose?				
Have you taken any medications today?		YES	NO	

**Acknowledgement of New Guidelines**

1. I will be notified in the event that my child develops any symptoms of illness and I will need to pick them up immediately.
2. I will be notified in the event of any known communicable disease transmission while your child is at camp.
3. If communicable disease occurs, any co-horted campers will also be sent home early for safety.
4. My child has read the guidelines on social distancing at camp and is prepared to follow the guidelines.

Camper Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

For Office Use Only	Temperature (forehead)	
	Temperature (oral)	

RN initials \_\_\_\_\_

Sample Only  
Do Not Print