

# CHECK-IN FORM

Camper Screening, COVID-19 Pre-Screening, & Legal Terms



Camper Name \_\_\_\_\_ Site/Church Name \_\_\_\_\_

**Camper Screening:** Please explain "Yes" responses on the back of this form.

- Yes  No Has the camper been sick within the last 14 days?
- Yes  No Has the camper been exposed to any contagious illnesses in the last 14 days?
- Yes  No Has the camper been in contact with an individual who has been ill with respiratory complaints or fever, or who I know has tested positive for COVID-19 in the 14 days before the start of camp?
- Yes  No Has the camper been diagnosed with COVID-19 in the past 3 months?
- Yes  No Does the camper have any visible signs of injury (cuts, bruises, etc.) or any rashes or itches?
- Yes  No Has the camper had any change in their health or immunization status since the Health History was completed?
- Yes  No Does the camper have any over-the-counter or prescription medications in his/her possession? (take home or give to camp staff)
- Yes  No Does the camper have a cell phone in their possession? (not allowed—parents please take home)
- Yes  No Is the camper allergic to foods, medicines, or insect stings/bites? (if yes, please list reactions and severity on back of this page)
- Yes  No If eligible, has the camper been vaccinated for COVID-19? (if yes, please list date fully vaccinated on back of this page)

Initial \_\_\_\_\_ The camper agrees to comply with all COVID-19 mitigation protocols while at camp. (see [growdaycamps.org/covid](http://growdaycamps.org/covid))  
 Initial \_\_\_\_\_ I understand all medications (prescription and over-the-counter) must be turned in to the Site Directors for administration as indicated on the Medication Administration form; no medications are to be in the camper's possession with the exception of epipens and rescue inhalers.

**COVID-19 Pre-Screening:** 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 opening day. Please indicate if your camper has any of the following symptoms starting 14 days prior to camp. If any symptoms are present, please have your camper evaluated by a licensed provider and contact camp for further guidance. If your camper is symptomatic, or if they have been exposed to somebody who is confirmed COVID-19 positive, you are required to bring proof of a negative test administered within 72 hours of arrival.

**Symptoms:**

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

<b>Days Until Camp</b>	<b>14</b>	<b>13</b>	<b>12</b>	<b>11</b>	<b>10</b>	<b>9</b>	<b>8</b>
<b>Symptoms (Yes or No)</b>							
<b>Days Until Camp</b>	<b>7</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Symptoms (Yes or No)</b>							

My camper has not developed any of the listed symptoms above in the last 14 days that cannot be attributed to another health condition. **Initial** \_\_\_\_\_

**Health Information Release, Permission to Treat, Transport and Use Likeness**

- I attest that the health history information I completed online during the registration process for the above-named camper is current, correct and accurately reflects the health status of said camper. This day camper has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by Grow to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with Grow staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program staff about my child's health status. I agree to hold harmless Grow Day Camps, LLC, its employees, its instructors, facilitators and agents for any liability arising out of this child's participation in the program, expressly including the potential exposure to communicable disease, including COVID-19.
- I attest that the information given in the above "Camper Screening Form" and "COVID-19 Pre-Screening" is accurate and truthful.
- I understand that admission to camp is based on evaluation of camp health screening by our camp staff.
- I understand that all medications for my Grow Day Camper will be administered by a Grow Director or Site Director and that the nurse on-call will serve Grow in a consultative or emergency role only.
- I give permission to the Grow staff to transport my camper for emergency or programmatic purposes at the discretion of the program Directors.
- For good and valuable consideration, we hereby consent to and authorize the reproduction, publication, and use by North Georgia Camp & Retreat Ministries INC, Grow Day Camps LLC, the United Methodist Church or agency hosting the day camp attended, and their successors and assigns, for advertising, commercial, or any other purpose, of any photograph, picture video or likeness of my child or other family members.

Parent/Legal Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Printed Name \_\_\_\_\_