



Pre-Camp Health Monitoring Form

Please start this form 10 days prior to your son’s arrival. One per camper is required. You must bring this form completed with you on Opening Day.

CAMPER NAME:	DATE OF BIRTH:
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Low Risk Behaviors:

A healthy camp begins at home! We are asking our camp families to be partners with us in helping start each session with a healthy group of campers. What you do before camp will contribute to our success this summer.

Please start **using low risk behaviors 10 days prior to the start of your session**. Campers will need to limit exposure to others and avoid gatherings where mask wearing and social distancing are not enforced. To protect your camper and help us start camp healthy, we are encouraging family members to avoid these settings and situations as well.

Please do not attend:

- Graduations and graduation parties
- Weddings
- Year-end parties
- Sleepovers or play dates with friends
- Sports tournaments
- Large or Medium Gatherings
- Gatherings with non-household members

Please continue to follow masking and distancing guidance. If you have questions about a certain activity, please get in touch with us. Helping us start each session healthy is key to running camp this summer. Please take that in mind as you decide what activities to partake in prior to your son’s arrival.

	Temperature	Any Symptoms? Y/N If Y, please elaborate
Day 1		
Day 2		
Day 3		
Day 4		
Day 5		
Day 6		Plan to take PCR test soon!
Day 7		
Day 8		
Day 9		
Day 10		Opening Day!

Symptoms include any of the following:

- Fever as determined by a measured temperature of 100.4F or greater.
- Chills
- Cough or shortness of breath or difficulty breathing.
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

(Please see next page)

Please Initial the Following Statements:

If you cannot initial any of the below statements, please call our office at (828-885-2153).

My son has followed the low-risk behaviors laid out by Camp High Rocks for the past 10 days. Including limiting travel and exposure to non-family members.

My son has not been exposed to anyone who has tested positive or shown symptoms of COVID in the past 14 days.

No one in our household has been sick in the 14 days prior to camp.

My son has not had a fever or any other symptoms consistent with COVID-19 in the past 10 days.

Pre-Camp Screening Information:

Please check which answer is correct regarding your son.

Yes No My son has completed a molecular (PCR) COVID-19 test no more than 5 days before camp. 1-3 days prior is preferred. He is partaking in low-risk behaviors before and after his test until his arrival at camp. **I am bringing a copy of his negative test results.**

Yes No My son was diagnosed with COVID-19 in the past 90 days. If YES, date of diagnosis: _____
I am bringing a copy of his positive test results. And have alerted camp.

Yes No My son has received his COVID-19 vaccine and is fully vaccinated (two weeks past his second dose). **I am bringing a copy of his vaccination card. And have alerted camp.**

Parents Signature:

My signature indicates that we completed this health screening daily for 10 days prior to camp and to the best of our ability. I understand that arriving to camp healthy is vital to a healthy experience for all camp families.

PARENT SIGNATURE:	DATE:
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YOU MUST BRING A COMPLETED FORM (Page 1 & 2) FOR EACH CAMPER WITH YOU ON OPENING DAY.