



Pre-Camp Health Monitoring Form

Please start this form 7 days prior to your camper’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. **We want your camper to stay at camp!** Please do your best to follow the pre-camp behaviors below

Please start **using low risk behaviors 7 days prior to the start of your session.** Your pre-camp behaviors are one of the biggest keys to success. To protect your camper and help us start camp healthy, we are encouraging family members to avoid these settings and situations as well. Campers will need to limit exposure to others and avoid gatherings where mask wearing, and social distancing are not enforced.

- Avoid close contact situations such as sleepovers, indoor parties, gatherings with non-family members, etc.
- Dine outside or carry out when going to restaurants.
- Do not attend indoor sporting events, tournaments, or concerts – choose outside options.
- If attending an indoor event like graduation, please mask indoors.
- Monitor community levels and adjust behavior if case levels increase.
- If flying to camp, remain masked throughout the trip. We will still ask that all campers flying wear their mask even though it is not currently required.

Please continue to follow masking and distancing guidance depending on your community levels. 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 camper’s arrival.

	Temperature	Any Symptoms? Y/N If Y, please elaborate.
Day 1		
Day 2		
Day 3		
Day 4		
Day 5		PCR Test today or later.
Day 6		
Day 7		
Day 8		Opening Day! We will take temperatures at camp.

Symptoms include any of the following:

- Fever or 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 camper has followed the low-risk behaviors laid out by Camp High Rocks for the past 7 days.

My camper 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 camper has not had a fever or any other symptoms consistent with COVID-19 in the past 7 days.

Pre-Camp Screening Information:

Please check which answer is correct regarding your camper.

Yes No My camper has completed a molecular (PCR) COVID-19 test no more than 72 hours prior to opening day. 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 camper 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.

Parent/Guardians Signature:

My signature indicates that we completed this health screening daily for 7 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.

I consent to all reasonable and necessary COVID testing of my child, whether symptomatic or asymptomatic. If my child tests positive, CAMP HIGH ROCKS will notify me immediately and quarantine my child. I authorize medical treatment of my child, if necessary. In addition, I agree to pick up my child from camp within 24 hours unless other arrangements have been made with director.

If my child is potentially exposed to COVID-19, CAMP HIGH ROCKS will notify me of the potential exposure, and I may pick up my child from camp if I wish. However, I also authorize and permit CAMP HIGH ROCKS to use their discretion to allow my child to remain at camp, and to allow continued participation in camp activities, including allowing my child to be taught outside by instructors, with proper face coverings and distancing. I understand and assume the risk of my child's exposure to and illness from COVID-19 under these circumstances.

I, the undersigned Parents/Guardians, state affirmatively that I have legal custody over the Camper, a minor child, and have complete authority to sign this Agreement on the Camper's behalf. If only one parent or guardian is signing below, my consent and agreement to the terms hereof binds the other parent of the Camper and/or any other guardian who may also have authority to make such agreements.

PARENT SIGNATURE:

DATE:

**YOU MUST BRING A COMPLETED FORM (Page 1 & 2)
FOR EACH CAMPER WITH YOU ON OPENING DAY**