

# UDP&R

## UPPER DUBLIN PARKS & RECREATION

Child's Name: \_\_\_\_\_

Dear UDP&R families,

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 your camper's first day. Please indicate if your camper has any of the following symptoms prior to camp and record a temperature daily. If any temperature or symptoms are present, please have your camper evaluated by a licensed provider and contact camp for further guidance.

Please initial:

1. No one in the child's household, including the child, has tested positive for COVID-19 \_\_\_\_\_
2. My child has not been around anyone with any of the listed symptoms or diagnosis of COVID19 in the 14 days before the start of camp. Initial \_\_\_\_\_
3. No one in our household has been sick in the 14 days prior to camp. Initial \_\_\_\_\_
4. My child has not traveled by air or traveled out of state in the 14 days prior to camp. Initial \_\_\_\_\_
5. My child has adhered to our state's guidelines regarding COVID19. Initial \_\_\_\_\_

Symptoms (sym):

- A. Cough
- B. Shortness of breath or difficulty breathing
- C. Fever
- D. Chills
- E. Muscle Pain
- F. Sore throat
- G. New loss of taste or smell
- I. Vomiting
- J. Diarrhea
- L. 100.4F Max Temp

Start date of temperature/ symptom screening: \_\_\_\_\_

Day	14	13	12	11	10	9	8
Temp/sym							
Day	7	6	5	4	3	2	1
Temp/sym							

Our signature indicates that we completed this health screening daily for 14 days prior to camp and to the best of our ability. We understand that arriving to camp healthy is vital to a healthy camp for all campers. Answering honestly, help our planning purposes, not necessarily eliminate your child from attendance.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_