Camp Indogan Admissions - Health Declaration Form - COVID-19

Required to be submitted for every camper, staff member, kitchen help and session attendee.

FOR PARENTS OF CAMPERS

I_____, hereby certify, represent and warrant as Parent/Guardian of _____, that said child has Within the twenty one (21) days immediately preceding the Date of this Health Declaration Form to not have:

Adult Staff Member (18 Older)

I_____, hereby certify, represent and warrant that Within the twenty one (21) days immediately preceding the Date of this Health Declaration Form to not have:

a. Tested positive or presumptively positive with the coronavirus or been identified as a potential carrier of the COVID-19 virus or similar communicable illness ("Coronavirus");
b. Experienced any symptoms commonly associated with the Coronavirus;
c. Been in direct contact with or the immediate vicinity of any person I knew and/or now know to be carrying the Coronavirus or has been identified as a potential carrier of the Coronavirus.
d. CAN account for all locations visited over the previous twenty days as to be free of the coronavirus

Initial

☐ I am aware of the concerns of Covid-19 and will support Camp Indogans efforts to keep the potential risk of infection at a minimum by submitting my child/my person to a prescreening prior to admission to camp.

☐ I am aware of the new health requirements that Camp Indogan has established and will submit/support these items and actions during my stay or require my child to do so during their stay at camp. Including temperature checks, discussions with Camp Nurse, hand washing requirements, distancing rules, cough etiquette and sleeping arrangements.

☐ I am aware of the risks associated with attending camps, and the potential of being infected with Covid-19 through contact with other campers/staff and will hold the camp blameless if my self or my child comes in contact with or infected with Coronavirus or any such other forms of flue, cold, or virus during their/my stay.

TO BE FILLED BY CAMP NURSE STAFF

Temperature reading at Registration _____

Does person have now or had any of these symptoms in the past 21 days Sore Throat _____
Fever _____ Body Aches _____ Shortness of breath _____ Loss of taste or smell _____

Has been tested for Covid-19 within the past 21 days Y N - Outcome Positive Negative

Camper/staff has the following health concerns/issues/medical conditions:_____

_____

Signature of Nurse staff _____

I have reviewed the health of the attendee be it myself, or my child, with the camp Nurse staff and accept these findings and will submit to Camp Indogans safe health guidelines for the 2020 camp sessions(s).

Signature _____ Date _____