

# KENWAL DAY CAMP RETURN TO CAMP FORM

Camper Name: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Camper Family,

In an effort to minimize illness at camp we ask that you check on the health of your camper during your week(s) away from KENWAL Day Camp. Please have your camper bring this completed form upon their return to camp.

Please indicate any of the following symptoms:

- |                              |     |    |
|------------------------------|-----|----|
| • Cough                      | YES | NO |
| • Short of breath            | YES | NO |
| • Fever                      | YES | NO |
| • Chills                     | YES | NO |
| • Muscle Pain                | YES | NO |
| • Sore Throat                | YES | NO |
| • New loss of taste or smell | YES | NO |
| • Nausea                     | YES | NO |
| • Vomiting                   | YES | NO |
| • Diarrhea                   | YES | NO |

1. My child has not been around anyone with any of the listed symptoms or diagnosis of COVID-19. Initial \_\_\_\_\_
2. No one in our household has been sick. Initial \_\_\_\_\_
3. My child has not traveled by air or traveled out of state. Initial \_\_\_\_\_
4. My child has adhered to our state's guidelines regarding COVID-19. Initial. \_\_\_\_\_

*My signature indicates that I have completed this to the best of my ability. We understand that arriving to camp healthy is vital to a health camp for all.*

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