

CHECK-IN FORM 2022

14-Day Health Pre-Screening, Check-In Day Health Screening, Legal Terms



Camper First Name _____

Camper Last Name _____

14-Day Health Pre-Screening: In an effort to minimize illness at camp, we ask that you check on your camper's health 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 check-in day.

Please indicate if your camper has any of the following symptoms of communicable illnesses starting 14 days prior to camp. List symptoms on the day they occurred. For symptoms within a few days of check-in, please have your camper evaluated by a licensed provider and contact camp for further guidance. If your camper exhibits multiple symptoms that are consistent with COVID-19 within 14 days of check-in, or if they have been exposed to somebody who is confirmed COVID-19 positive, you are required to bring proof of a negative test administered within 72 hours of arrival.

Symptoms:

- Cough
- Difficulty breathing
- Shortness of breath
- Muscle pain
- Nausea or vomiting
- Chills
- Diarrhea
- Sore throat
- Fever
- New loss of taste or smell

Days Until Camp	14	13	12	11	10	9	8
Symptoms							
Days Until Camp	7	6	5	4	3	2	1
Symptoms							

My camper has not developed any of the listed symptoms above in the last 14 days. **Initial** _____

Check-In Day Health Screening: To be completed on your camper's check-in day. **Explain any "Yes" responses on the back of this form.**

- Yes No Has the camper been sick within the last 14 days? (refer to "14-Day Health Pre-Screening" section above)
- Yes No Has the camper been diagnosed with COVID-19 within the last 14 days? (refer to "14-Day Health Pre-Screening" section above)
- Yes No Has the camper been exposed to any contagious illnesses and/or in contact with an individual who has tested positive for COVID-19 within the last 14 days?
- Yes No Does the camper have any visible signs of injury (cuts, bruises, etc.) or any rashes or itches?
- Yes No Has the camper had any change in their health or immunization status since the online Health History was completed?
- Yes No Does the camper have any over-the-counter or prescription medications in his/her luggage? (take home or give to nurse)
- Yes No Does the camper have a cell phone or food products in their possession or luggage? (not allowed – parents please take home)
- Yes No Is the camper allergic to foods, medicines, or insect stings/bites? (if yes, please list reactions and severity on back of this page)
- Yes No Has the camper been vaccinated for COVID-19? (**not required**, but if yes, please list the date of all shots on the back of this page)

Initial _____ I understand all medications (prescription and over-the-counter) must be turned in to the healthcare team for administration as indicated on the Medication Administration Form; no medications are to be kept in luggage or with the camper with the exception of epipens and rescue inhalers, which must be checked in with the counselor at drop off.

Health Information Release, Permission to Treat, Transport and Use Likeness

- I attest that the Health History information I completed online during the registration process for the above-named camper is current, correct and accurately reflects the health status of said camper. This camper has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program staff about my child's health status. I agree to hold harmless Glisson Camp & Retreat Center, LLC, its employees, its instructors, facilitators and agents for any liability arising out of this child's participation in the program, expressly including the potential exposure to communicable disease, including COVID-19.
- I attest that the information given in the above "14-Day Health Pre-Screening" and "Check-In Day Health Screening" is accurate and truthful.
- I understand that admission to camp is based on evaluation by our Healthcare Team.
- I understand that campers with any communicable illness will not be allowed to remain at camp, and that, per camp's Cancellation Policy, no refund will be made for any reason after the start of the camp session.
- I understand that all medications for my Outpost camper (if enrolled in the Outpost program) will be administered by an Outpost staff member and that the camp nurse will serve Outpost in a consultative or emergency role only.
- I give permission to the camp staff to transport my camper for emergency or programmatic purposes at the discretion of the program Directors.
- For good and valuable consideration, we hereby consent to and authorize the reproduction, publication, and use by Glisson Camp & Retreat Center, LLC, their successors and assigns, for advertising, commercial, or any other purpose, of any photograph, picture video or likeness of my child or other family members.

Parent/Legal Guardian Signature _____

Date: _____

Parent/Legal Guardian Printed Name _____