

CHECK-IN FORM 2026

Health Screening, Check-In Questions, Legal Terms



Camper Name: _____ (first) _____ (last)

7-Day Symptoms History

In an effort to minimize illness at camp, we ask that all camper families track their camper's health 7 days prior to arrival. The best camp sessions start with healthy campers and this begins at home. Please bring this completed form to camp on check-in day.

Using the chart below, please indicate if your camper has experienced any of the following symptoms of communicable illnesses starting 7 days prior to camp. List symptoms on the day they occurred. We ask that campers and family members who feel sick on check-in day or 24-hours prior not come. For symptoms within a few days of check-in, please have your camper evaluated by a licensed provider and contact camp for further guidance.

- Yes** **No** Has the camper experienced any of the following symptoms during the 7 days prior to arrival? (if yes, list in chart below)
- 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	7	6	5	4	3	2	1
Symptoms							

Check-In Day Questions

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?
- Yes** **No** Has the camper been exposed to any contagious illnesses 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 health or immunization status since the online Health History was last updated or completed?
- Yes** **No** Has the camper had any recent changes to type or treatment of allergies? (if yes, list reactions/severity/treatment on back page)
- Yes** **No** Does the camper have a cell phone or food products in their possession or luggage? (not allowed – parents, please take home)

Initial _____ I understand that all prescription and over-the-counter medications must be checked in with the Healthcare Team during drop-off, and may not be kept in luggage or with the camper; the only exceptions are epipens and rescue inhalers, which must be cleared by our Healthcare Team and checked in with the counselor at drop-off.

Initial _____ I understand that all daily/scheduled prescription and over-the-counter oral medications in pill or chewable form must be blister-packed by a licensed pharmacist, and must include the prescription label; exceptions include as-needed medications, inhalers/epipens, liquids/creams, and medications already blister-packed as a part of original packaging. (glisson.org/meds)

Legal Terms: 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 healthcare 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.
- I understand that the above permission to treat for routine healthcare includes treatment of minor ailments (e.g. headaches, stomachaches, cold/allergy, insect bites/stings, etc.) with over-the-counter medication.
- I attest that the information I have provided on this Check-in Form is accurate and truthful.
- I understand that admission to camp is based on evaluation by the 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 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: _____