

Camper Name: _____ Session: _____



CAMP JO-OTA

1272 Hwy MM
Clarence, MO 63437

Phone: 660-699-2393
www.campjo-ota.org

Pre-Camp Health Screening

Dear Camp 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 opening day.**

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

Symptoms: • Cough • Shortness of breath or difficulty breathing • Fever • Chills
• Muscle Pain • Sore throat • New loss of taste or smell • Nausea • Vomiting • Diarrhea

1. My child has not had a new fever of 100.4 or higher, or a sense of having a fever. Initial _____
2. My child has not developed a new cough, congestion or runny nose that cannot be attributed to another health condition. Initial _____
3. My child has not developed shortness of breath that cannot be attributed to another health condition. Initial _____
4. My child has not developed a new sore throat that cannot be attributed to another health condition. Initial _____
5. My child has not experienced muscle aches that cannot be attributed to another health condition, or that may not have been caused by a specific activity such as physical exercise. Initial _____
6. My child has not developed nausea, vomiting, or diarrhea. Initial _____
7. No one in our household has been sick in the 14 days prior to camp. Initial _____
8. My child has not traveled by air or traveled out of state in the 14 days prior to camp. Initial _____
9. My child has adhered to our state's guidelines regarding COVID19. Initial _____
10. My child has not been around anyone with any of the listed symptoms or diagnosis of COVID-19 in the 14 days before the start of camp. Initial _____
11. My child has not been diagnosed with COVID-19. Initial _____

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If, within the last 30 days, I have tested positive for COVID-19, I agree to disclose to the organization the date on which I was notified that I was no longer contagious with COVID-19. Documentation may be requested.

If, within the last 30 days, I have tested positive for COVID-19 antibodies, I agree to disclose that fact to the organization. Documentation may be requested.

Immediately prior to participating in a camp program, I consent to have my temperature taken by a staff member of Camp Jo-Ota.

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.

Parent Signature: _____ Date: _____

Camper Signature: _____ Date: _____

FOR OFFICE USE ONLY

Check-In Health Screening

Medication Allergies:

Food Allergies:

Who will pick up your child from camp:

Swimming limitations:

Temperature:

In the past 14 days have you had:

- | | | |
|-----------------------------|-----|----|
| 1. Fever(100°F or greater)? | Yes | No |
| 2. Shortness of breath? | Yes | No |
| 3. Cough? | Yes | No |