



Cornell University
Cooperative Extension
Nassau County

Dear Parents,

As per the New York State Department of Health Guidelines, the following must be filled out by the parent / guardian. You will attest, that for a period of 14 days prior to the date of your child's first day of attendance your child(ren) has met the following criteria. This must be signed, stated and handed in on your child(ren) to be admitted into camp as per NYS DOH Guidelines.

- A. My child(ren) has not knowingly been in close or proximate contact in the past 14 days with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19
- B. My child(ren) has not tested positive for COVID-19 in the past 14 days.
- C. My child(ren) has not experienced any symptoms of COVID-19 in the past 14 days.
- D. My child(ren) is free of the following symptoms: Fever or chills, cough, shortness of breath, fatigue, new loss of taste or smell, sore throat, runny nose, muscle or body aches, headache, diarrhea, nausea or vomiting.

Please sign and date below on your child(ren)'s first day of camp

Campers Name: _____

Campers Name: _____

Parent / Guardian Signature: _____

Date: _____

If your child has any break in enrollment a new form will be required.