

Camp Fuego Special COVID-19 Health Statement

Camper's Name: _____

Birthdate: _____

PLEASE COMPLETE AND DATE THIS FORM WITHIN 24 HOURS OF ARRIVAL TO CAMP AND CONFIRM ALL STATEMENTS ARE STILL TRUE AT THE TIME OF DEPARTURE FOR CAMP.

Parents/Guardians please read, answer each question and then sign and date at the bottom. If you are over 18 and an adult leader with your group, please also complete this form for yourself.

1. Yes No I understand that additional cleaning and sanitizing steps have been taken in preparation for camp, but I also understand that Camp Fuego/Acadian Baptist Center/Camp Bethany does not and cannot guarantee the absence of CoVid-19.
2. Yes No Is the Camper currently experiencing any of the symptoms associated with CoVid-19 which include Chills, Shaking, Muscle Aches or Pains, New Loss of Taste or Smell, vomiting or Diarrhea?
3. Yes No In the past two weeks, has anyone in the Camper's household been diagnosed, treated or Quarantined under a doctor's orders for CoVid-19?
4. Yes No Is the camper currently experiencing a cough or shortness of breath?
5. Yes No In the past two weeks, has the Camper been in close contact with anyone who has been diagnosed, treated or quarantined under a doctor's orders for CoVid-19?
6. Yes No In the past two weeks, has a doctor has ordered the Camper's Quarantine for CoVid-19?
7. Yes No In the past two weeks, was the Camper tested for CoVid-19 is waiting for the results?
8. Yes No Not Tested In the past two weeks, has the Camper tested positive for CoV-19?
9. Yes No Not Tested In the past two weeks, has the Camper tested negative for CoV-19?
10. Yes No Is someone in the Camper's home currently experiencing fever, cough or difficulty breathing, but has not been diagnosed?
11. Yes No Does the camper currently have a fever?
12. Yes No I understand, if my child exhibits symptoms of CoVid, I will need to pick up my child from camp within 12 hours of notification.

Though death among children 18 and under, due to CoVid-19 is extremely low (*according to the CDC study released April 2, 2020 (<https://www.cdc.gov/mmwr/volumes/69/wr/mm6914e4.htm>), 3 children in the United States have passed due to CoVid-19 complications*), it is important to understand there is a risk of being exposed while attending camp.

I have read and acknowledge all statements on this form and accept full responsibility for the Camper's camp attendance and possible CoVid-19 exposure while at camp. I agree to hold Camp Fuego/Acadian Baptist Center and Camp Bethany harmless for any exposure to CoVid-19 or any other viruses or communicable diseases.

Signature of Parent or Guardian

Date

Printed Name