

Camper 7-Day Pre-Screening Form, Camp Bethel, Summer 2021

You do not need to fill out this form **IF** you provide a copy/image (or forwarded email) of proof of your child's negative COVID test *OR* your child's Vaccination Record Card to CampBethelOffice@gmail.com, OR upload it at CampBethelVirginia.org/health, OR provide paper copy at check-in upon arrival. (As of the writing of this form, COVID vaccines are not yet approved for children under age 12.)

A parent or legal guardian must complete the chart and sign this form below. Fill in the left column with your camper's name and the first name of every member of your household OR close contact (ex: in-home childcare). If someone who is not a member of the household will be bringing your camper to Camp Bethel, they also need to be listed and screened.

For the 7 days before your child's arrival at Camp Bethel, **CHECK EACH BOX** in the chart below if your child, everyone in their household, and anyone transporting them to or from camp meets the following **THREE** criteria:

1. Experiencing NONE of these six known symptoms of COVID-19: No fever (temperature 100.4 °F or higher) that lasts more than 24 hours; No fever PLUS respiratory issue not resolved by antihistamine (allergies) that overlap or last more than 24 hours; No diarrhea, No vomiting, No new onset of severe headache especially with a fever; No loss of smell and/or taste (especially in children).

2. Have NOT had close, maskless contact with anyone diagnosed with COVID-19 or anyone displaying symptoms listed above.

3. Yes, you have adhered to your state and local guidelines regarding COVID-19 by masking when appropriate, physically distancing, washing your hands, and considering or getting a vaccination. Virginia state guidelines: <https://www.virginia.gov/coronavirus/>

	7 days before camp. Date _____	6 days before camp. Date _____	5 days before camp. Date _____	4 days before camp. Date _____	3 days before camp. Date _____	2 days before camp. Date _____	1 day before camp. Date _____	First Day of Camp is: Date of first camp day: _____
Camper's First & Last Name: _____								
Household Member #2: _____								n/a
Household Member #3: _____								n/a
Household Member #4: _____								n/a
Household Member #5: _____								n/a
Household Member #6: _____								n/a
Household Member #7: _____								n/a
Household Member #8: _____								n/a
Close Contact #9: _____								n/a
Close Contact #10: _____								n/a
<i>EXAMPLE ROW:</i> Uncle John S. _____	<i>Check</i>	<i>Check</i>	<i>Check</i>	<i>Check</i>	<i>Check</i>	<i>Check</i>	<i>Check</i>	n/a

What If? If your child or a person listed above does **not** meet the above criteria on **any** of the 7 days before camp, take one or both of these two steps: (1) Contact your child's primary care provider for your child to be cleared for camp attendance, **AND** (2) provide Camp Bethel with a negative COVID-19 test performed within 3 days of your camper's arrival at camp. If you cannot receive a negative COVID-19 test before arrival, contact us at CampBethelOffice@gmail.com to discuss options.

"By signing this form, I acknowledge that I completed this health screening fully, daily, and to the best of my ability for the 7 days leading up to my child's arrival at Camp Bethel. I understand that arriving at Camp Bethel in good health is necessary for my child's safety and the safety of the entire Camp Bethel population."

Parent or Legal Guardian's Signature

Date