



Community of Christ

In preparation for the 2022 camping season, we have worked to ensure the safety of the campground staff and facilities in accordance with CDC guidance upheld by the American Camp Association.

*As a camper, you have responsibilities to protect the camp community from COVID-19 as well. Observing safe practices ten days prior to camp is critical in ensuring the health and safety of all campers. As you consider attending a camp in 2022, **please avoid circumstances of elevated risk for COVID-19 for ten days prior to camp.***

Wear a mask, observe proper physical distancing, practice good hand hygiene, and avoid large gatherings that do not uphold safe practices of masks and distancing.

Camp Pre-Screening Form

In preparation for your camp experience, complete this form on the morning of the day the camper or staff member arrives at camp. Signature of parent/guardian is required for any camper under the age of 21, 19, or 18 depending on state requirements.

Each camper or staff member should submit the following forms at, or before, camp check-in:

1. Camper Screening Form (below)
2. Community of Christ COVID-19 Waiver Form
3. Camp Registration Form

Camper/Staff Full Name	Date of Birth	Age
Emergency Contact Name	Relationship	Phone Number

DAILY TEMPERATURE CHECK									
Please record your (camper or staff) temperature for ten days prior to arrival at camp. Check temperature at the same time each day.									
Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10

I / My camper has been fever-free for the past ten days.

I / My camper has been fully vaccinated, if applicable.
Date/s of vaccination: _____

Signature of Staff Member or Parent/Guardian of Camper

Date



SYMPTOMS IN THE LAST TWO WEEKS *(Check all that apply)*

- | | | |
|--|-----------------------------------|---|
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Fever | <input type="checkbox"/> Change in Taste or Smell |
| <input type="checkbox"/> Body Aches | <input type="checkbox"/> Chills | <input type="checkbox"/> Change in Appetite |
| <input type="checkbox"/> Persistent Headache | <input type="checkbox"/> Cough | <input type="checkbox"/> Generally Not Feeling Well |
| <input type="checkbox"/> Sore Throat | <input type="checkbox"/> Vomiting | |

If any above apply to you or your camper, you/they may not attend camp.

I / My camper has been symptom-free for the past 14 days.

Initial Here:

PRE-EXISTING ILLNESS *(Check all that apply)*

- | | | |
|--|--|---|
| <input type="checkbox"/> Chronic Pulmonary Issues | <input type="checkbox"/> Kidney or Liver Disease | <input type="checkbox"/> Cardiovascular Disease |
| <input type="checkbox"/> Blood Disorders | <input type="checkbox"/> Immunocompromised | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cough | <input type="checkbox"/> Weakened Immune System |
| <input type="checkbox"/> Respiratory Disease
(including Asthma) | <input type="checkbox"/> Heart Disease
(structural or functional) | <input type="checkbox"/> Cancer |

Individuals with pre-existing conditions such as cardiovascular disease, respiratory disease including asthma, diabetes, and immunocompromised are at an increased risk of severe illness if COVID-19 is contracted. I understand that my/my camper's pre-existing illness increases the implied risk of COVID-19.

I understand the implied risk of pre-existing illnesses.

Initial Here:

CONTACT HISTORY *(Check all that apply)*

- The individual has been diagnosed with COVID-19 in the last 14 days.
- The individual has been in contact with someone who was exposed to or infected with COVID-19 in the last 14 days. *(Not applicable to health care workers or professionals)*
- The individual has a household member currently on a watch list for COVID-19 exposure.

If any above apply to you or your camper, you/they may not attend camp.

The health and safety of our Campers and Staff is our highest priority. Ultimately, the choice for you or your child to attend summer camps is a personal one. If you are uncomfortable with the risks of COVID-19 in a summer camp setting, contact your mission center to discuss other available options.

If COVID-19 symptoms emerge during the fourteen days prior to camp, contact your mission center for refund information.

I have answered all questions truthfully and understand the risks of attending camp.

Signature of Staff Member or Parent/Guardian of Camper

Date