

WOW! SCIENCE CAMP HEALTH SCREENING FORM

Thank you for partnering with us! We are grateful to have your child with us this summer. Please print and complete this form for EACH camper in your family and bring with you on the first day of camp. Following the guidelines laid out on this form is the best way you can partner with us to ensure the health and safety of all of our camper.

Camper's Name: _____ Session: June AM June PM July AM July PM

Parent/Guardian Name: _____ Cell Phone: _____

INCREASE PRACTICE OF SOCIAL DISTANCING BEFORE SCIENCE CAMP WHEN POSSIBLE.

- Avoid large crowds or gatherings when possible.
- Limit unnecessary travel if possible.

Please help your child exercise good social distancing before attending Science Camp. Thank you!

DAILY TEMPERATURE CHECKS

A part of the screening process will include a temperature check every day when your child arrives at camp. Before coming to camp, we recommend checking your child's temperature at the same time each day, preferably in the morning. **We ask that you monitor your child's health and keep them home when they have a temperature or show signs of illness.**

SYMPTOMS IN THE LAST TWO WEEKS (Check any that apply to your child)

IF ANY OF THE FOLLOWING APPLY TO YOUR CHILD, PLEASE EMAIL wowsciencecamp@sbcglobal.net PRIOR TO ARRIVAL.

- | | |
|--|--|
| <input type="checkbox"/> Cough | <input type="checkbox"/> Loss of taste or smell |
| <input type="checkbox"/> Shortness of breath or difficulty breathing | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Chills | <input type="checkbox"/> Sore Throat |
| <input type="checkbox"/> Repeated shaking with chills | <input type="checkbox"/> Feeling feverish or measured temp greater than or equal to 100F |
| <input type="checkbox"/> Headache | |

CONTACT HISTORY (Check any that apply to your child)

IF ANY OF THE FOLLOWING APPLY TO YOUR CHILD, PLEASE EMAIL wowsciencecamp@sbcglobal.net PRIOR TO ARRIVAL.

- This individual has been diagnosed with COVID-19 in the past 14 days.
- This individual has been in close contact with a person who has tested positive for COVID-19 in the past 14 days.

I VERIFY THAT I HAVE ANSWERED THESE QUESTIONS ACCURATELY.

Parent Signature _____ Date _____