



PRE-CAMP HEALTH SCREENING FORM

Thank you so much for working with us to make our 2020 Summer camps a safe environment for your child and others to have fun and meet God! **This form should be completed prior to arrival to camp and submitted during check-in before your camper enters the property.**

CAMPER NAME: _____

PARENT/GUARDIAN NAME: _____

CAMP SESSION:

- CO-ED ROOKIE 1: JULY 9-12
- CO-ED ROOKIE 2: JULY 14-17
- CO-ED SPORTS CAMP: JULY 19-23
- CO-ED SOCCER CAMP: JULY 26-30

QUARANTINE CHECK

While we are not requiring campers to self-quarantine prior to camp, we are **STRONGLY** encouraging at least a 7-day quarantine. A 7 or 14-day self-quarantine will go a long way in helping protect your camper & other Still Water families from COVID-19.

Has your child self-quarantined for 7 days prior to camp? Y N
Has your child self-quarantined for 14 days prior to camp? Y N

SYMPTOMS IN THE LAST TWO WEEKS

Check all that apply to your camper:

- Cough
- Fever (>100°F)
- Chills
- Muscle Aches
- Shortness of Breath
- Sore Throat
- Diarrhea
- Headache
- New Loss of Taste or Smell
- Nausea or Vomiting
- Congestion or Runny Nose

If any apply, please call 956-245-1094 or email christian@swcm.org before arrival.

MY CHILD HAS BEEN SYMPTOM FREE FOR THE PAST 14 DAYS.

INITIAL HERE ←

TEMPERATURE CHECKS

IN OUR PARTNERSHIP TOGETHER TO PREVENT THE SPREAD OF THIS VIRUS, WE ARE REQUIRING CAMPERS TO DOCUMENT THEIR TEMPERATURES DAILY FOR 14 DAYS PRIOR TO CAMP. PLEASE FILL IN THE SPACES BELOW FOR EACH DAY.

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
TEMP	TEMP	TEMP	TEMP	TEMP	TEMP	TEMP
DAY 8	DAY 9	DAY 10	DAY 11	DAY 12	DAY 13	DAY 14
TEMP	TEMP	TEMP	TEMP	TEMP	TEMP	TEMP

MY CHILD HAS BEEN FEVER FREE FOR THE PAST 14 DAYS.

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OVER >

CONTACT HISTORY

1. Has your child been diagnosed with COVID-19 or a related illness? Y N
2. Has your child been in close contact with someone diagnosed with or suspected of having COVID-19? Y N
3. Has your child been in close contact with anyone that has been exposed to another person with COVID-19? Y N
4. Has your child traveled or been outside the state of Texas in the past two weeks? Y N
If yes, where did your child go & when?_____
5. Has your child attended any large group functions of 10+ people in the two weeks prior to camp? Y N If yes, where & when?_____

If any apply, please call 956-245-1094 or email christian@swcm.org before arrival.

I ATTEST ALL THESE QUESTIONS HAVE BEEN ANSWERED TRUTHFULLY.

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PRE-EXISTING ILLNESSES

Check all that apply to your camper:

- Cardiovascular Disease
- Respiratory Disease (including Asthma)
- Diabetes
- Immunocompromised

**Please Note: Individuals with pre-existing conditions such as cardiovascular disease, respiratory disease (including asthma), diabetes, and immunodeficiencies are at an increased risk of severe illness if COVID-19 is contracted. By signing below, you are acknowledging that you understand that pre-existing illness increases the implied risk of COVID-19.*

I UNDERSTAND THE INCREASED RISK WITH PRE-EXISTING ILLNESSES.

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The health and safety of our campers is our highest priority. In light of the COVID-19 pandemic, we are focused on taking all reasonable measures to prevent the spread of COVID-19 at camp and ask you do your part in completing the pre-camp health check. We have strengthened our standard cleaning procedures, while adding increased frequency measures for things such as wiping down common touch points, dining areas, and activity equipment. Additionally, we have taken measures to monitor and address symptomatic campers with daily temperature checks and health screenings of all campers and staff.

PARENT/GUARDIAN SIGNATURE_____

DATE_____



FOR QUESTIONS OR CONCERNS, PLEASE CONTACT CHRISTIAN CANTU,
DIRECTOR OF CAMPING AT CHRISTIAN@SWCM.ORG OR 956-245-
1094.

WWW.STILLWATERCAMPS.ORG