



## Summer 2021 COVID-19 Camper Health History Addendum

As we start summer 2021, we encourage camps to consider adding COVID-19 specific questions to the camper health history. We think you will find answers to these questions useful as you plan and operate camp. The mission is the health and safety of camp communities throughout the camp season.

### COVID-19 Health History

1. Will your child travel outside the US within 14 days of the start of camp?  
**Yes    No**
2. Does your child live in congregate housing (apartments, shelters, condos, transitional housing)?  
**Yes    No**
3. Has your child been diagnosed with COVID-19 in the last 90 days?  
**Yes    No**  
If Yes:
  - a. Date of your child's diagnosis? \_\_\_\_\_
  - b. Was the diagnosis confirmed with a COVID-19 Test? **Yes            No**  
*Please immediately submit a copy of the COVID-19 Test to camp. We will need to determine if your camper will need to participate in the pre-camp testing cadence.*
4. If your child was diagnosed with COVID-19 in the last 6 month,
  - a. Has your child visited their pediatrician for a post-illness visit prior to returning to physical activity? **Yes    No**  
*Please send a note from your child's doctor indicating that they are cleared to participate in the physical activity of camp.*
5. Has your child had any other illness within the last 6 months?  
**Yes    No**  
Name or type of illness: \_\_\_\_\_
6. Does your child have any other condition that may mimic the symptoms of COVID-19?  
Please explain: \_\_\_\_\_
7. If your child has a medical diagnosis that is considered high-risk or that could put them at increased risk of complications with COVID-19, please have your child evaluated by their provider and *please send a note from your child's doctor indicating that they are cleared to participate in camp.*

## Pre-Camp Behavior Questions, in the 14 days prior to camp:

1. Has your camper remained masked and distanced from all individuals outside your immediate family unit?  
**Yes    No**
2. Has your camper attended a gathering of more than 20 people (i.e. weddings, funerals, parties)?  
**Yes    No**
3. Has your camper attended or participated in a group program (i.e sport event, after school program, YMCA)?  
**Yes    No**

## Vaccination

1. Will your camper have completed a COVID-19 vaccine series at least 14 days prior to arrival at camp?  
**Yes    No    N/A**  
*Attach a copy of your COVID vaccination card.*

## Permission to Test

I, as the legal guardian of \_\_\_\_\_ give permission to \_\_\_\_\_ to perform screening, diagnostic, and/or mitigation testing for COVID-19 on my child with a COVID-19 test either through nasal swabs or saliva specimens. The expense of these tests may or may not be covered by insurance and therefore I could be responsible for the costs associated with testing.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*** If your camp is requiring pre-camp testing, please seek guidance from your camp about these expectations and/or requirements.

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