Pre-Camp

HEALTH SCREENING FORM



By signing here, I certify all information is

true and correct.

It is Heart of Texas Camp & Retreat goal to provide the best experience with our campers, leaders and churches. We appreciate the partnership with churches and parents and would like your help in preparing your camper for their week. This form is required by <u>all adults</u> and <u>campers</u> and is to be turned in at check-in and should be completed prior to your child's arrival at camp. Text in <u>underline blue</u> refers to adult camper, not camper parent.

ast Nam	ie			First Name				
Church Name				Date of Birth				
Date of Camp				Parent Name (if filling out for camper)				
f exposuround no	ure to COVID-19. on-family member	By reducing rs, avoiding larg	val at Heart of Texa the risk, we mear e crowds/gathering st attempt to red	limiting exposugs, and limiting u	ire to non-family	, members, w		
., сапр	(<u> </u>	Trade arrivortes	DAILY TEMP		HECK			<u>J</u>
	Please re	cord your cam	per (<u>your</u>) tempe			ing up to cam	p.	
	Day One	Day Two	Day Three	Day Four	Day Five	Day Six	П	Seven
Date:								
Temp								
My Child	d has (<u>I have</u>) be	en Fever free	for the past seve	n days	Initi	al:		
[Fever (above Body Aches	100.4º F)	Check any table Cough Change in the property of the property of the couple of the property of the couple of th	n Taste or Smell	□Sh □Ge	ortness of Bre nerally not fe		ell
PRE-EXISTING ILLNESSES — Check any that apply to your camper (you): Cardiovascular Disease Diabetes Immunocompromised Respiratory Disease including Asthma								
ſ	I Understand the implied risk of Pre-Existing Illne				Initial:			
CONT	The individua	al has been dia al has been in (at apply to your or a specific section at a specific sections and the specific sections at a specific sections at a specific section	/ID-19 h some exposed				st 14 day
\[\langle	I verify that I have answered these questions truthfully Initial:							
ontrol. Pl	lease feel free to	exclude your ca	end summer camp mper from attendi ons, or having your	ng if you are unc	omfortable with t	he risks of COV		
	<u> </u>			Signature:				

Date: