



This form is mandatory for check-in at camp and WILL BE COLLECTED BEFORE YOUR CHILD EXITS THE CAR. Please have it ready!

CAMPER FULL NAME: _____

DATE OF BIRTH: _____ SESSION: _____

Prior to your child’s arrival at camp, please complete ONE of the following self-quarantine options PLUS the 14-day temperature check.

CHOOSE ONE

14 DAY SELF QUARANTINE

1

OPTION

Immediately before your child’s arrival at Camp Rim Rock, we ask that campers complete 14 days of self-quarantine to reduce their risk of exposure to COVID-19. This means limiting exposure to non-family members, wearing a face mask around non-family members, avoiding large crowds/gatherings, and limiting unnecessary travel.

INITIAL HERE

OR

COVID-19 MOLECULAR TEST AND 7-DAY SELF-QUARANTINE

2

OPTION

No sooner than one week prior but preferably as close to their arrival date on camp as possible, each child must complete a molecular COVID-19 test IN ADDITION TO a 7-day self-quarantine. Negative test results must be attached to this form.

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DAILY TEMPERATURE CHECK

For fourteen days prior to your child’s arrival at Camp Rim Rock, campers **must** record their temperature. Please check and record your child’s temperature at the same time each day. Record below.

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE
DAY 8	DAY 9	DAY 10	DAY 11	DAY 12	DAY 13	DAY 14
TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	TEMP HERE	(day before camp) TEMP HERE	(taken at drop-off) TEMP HERE

MY CHILD HAS BEEN FEVER FREE FOR THE PAST SEVEN DAYS

INITIAL HERE

SYMPTOMS IN THE LAST TWO WEEKS – Check any that apply to your camper:

- | | |
|--|---|
| <input type="checkbox"/> FEVER (above 100.4°F) | <input type="checkbox"/> CHANGE IN TASTE OR SMELL |
| <input type="checkbox"/> COUGH | <input type="checkbox"/> CHANGE IN APPETITE |
| <input type="checkbox"/> SHORTNESS OF BREATH | <input type="checkbox"/> GENERALLY NOT FEELING WELL |
| <input type="checkbox"/> BODY ACHES | <input type="checkbox"/> HEADACHE |

If any of the above apply to your camper, please email info@camprimrock.com to discuss prior to arrival.

MY CHILD HAS BEEN SYMPTOM FREE FOR THE PAST 14 DAYS

INITIAL HERE

PRE-EXISTING ILLNESSES

Currently, information indicates that people of any age – including children— with pre-existing medical conditions might be at a higher risk for severe illness from COVID-19.

If your child has any pre-existing medical condition(s), such as but not limited to...

- | | |
|---|--|
| <input type="checkbox"/> CARDIOVASCULAR DISEASE | <input type="checkbox"/> DIABETES |
| <input type="checkbox"/> RESPIRATORY DISEASE
(including SEVERE ASTHMA) | <input type="checkbox"/> IMMUNOCOMPROMISED |
| | <input type="checkbox"/> OTHER: _____ |

... camp might not be the right choice this summer.

IF APPLICABLE, I HAVE CONFIRMED WITH THE MEDICAL STAFF AT CAMP RIM ROCK THAT CAMP IS MEDICALLY APPROPRIATE THIS SUMMER

INITIAL HERE

CONTACT HISTORY – Check any that apply to your camper.

- The individual has been diagnosed with COVID-19.
- The individual has a close relative/friend/acquaintance that has been in contact with someone exposed to or infected with COVID-19 in the last 14 days.
- The individual has a household member currently on a watch list for COVID-19 exposure.

If any of the above apply to your camper, please email info@camprimrock.com to discuss prior to arrival.

I, the parent/guardian, acknowledge that I have filled out this form truthfully and to the best of my ability.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____