



Eight Day Health Monitor Form

This form **WILL BE COLLECTED AS YOUR CHILD ARRIVES ON-SITE**. Please have it ready.

CAMPER FULL NAME:

DATE OF BIRTH:

SESSION START DATE:

Section 1

COVID-19 PCR TEST AND QUARANTINE	
<input type="checkbox"/>	My child has permission to receive a molecular PCR test at Camp Kanuga upon arrival. <ul style="list-style-type: none">• They quarantined at least 4 days before arriving and taking their test. By quarantine, we mean that your camper has had no exposure to unvaccinated people or has been masked at all times while interacting with others.
<div style="border: 1px solid gray; padding: 5px; display: inline-block;">Please Initial Here</div>	

Section 2

DAILY TEMPERATURE CHECK								
For eight days prior to your child's arrival at camp, campers must record their temperature. Please check and record your child's temperature <i>at the same time each day</i> , and record below.								
Day 1	Day 2	Day 3	Day 4	Day 5 (Start pre-camp quarantine)	Day 6	Day 7	Day 8	Day 9 (Opening Day of Camp)
Record Temp Here	Record Temp Here	Record Temp Here	Record Temp Here	Record Temp Here	Record Temp Here	Record Temp Here	Record Temp Here	Record Temp Here
<input type="checkbox"/> My child has been fever free for the past 8 days.								<div style="border: 1px solid gray; padding: 5px; display: inline-block;">Parent Initial Here</div>

Please see reverse



Section 3

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

Fever (above 100. 4)
Cough
Change in taste or smell
Headache

Shortness of breath
Body aches
Change in appetite
Generally not feeling well

If any of the above apply to your camper, please email sbyars@kanuga.org to discuss prior to arrival.

My child has been symptom free for the past 14 days

Parent
Initial Here

Section 4

PRE-EXISTING ILLNESS

Current information indicates that people of any age – including children – with preexisting medical conditions might be at a higher risk for sever illness from COVID-19.

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

- Cardiovascular Disease
- Respiratory Disease (including severe asthma
- Diabetes
- Immunocompromised
- Other

...we want to know more before arrival at Camp Kanuga. If any of the above apply to your camper, please email sbyars@kanuga.org to discuss prior to arrival.

If applicable, I have confirmed with the medical staff at camp that camp is medically appropriate for my child this summer.

Parent Initial
Here

Section 5

CONTACT HISTORY – circle any that apply to your camper

- My camper has been diagnosed with COVID-19
- My camper 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.
- My camper has a household member currently on a watch list for COVID-19 exposure.

If any of the above apply to your camper, please email sbyars@kanuga.org to discuss prior to arrival.

My child has not been exposed as described above: _____ (Parent Signature)

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

PARENT NAME: _____ PARENT SIGNATURE: _____