



PROGRAM PRESCREENING QUESTIONS & AGREEMENT

In an effort to reduce illness at the program, we ask that you check on the health of your child and complete this form prior to arriving at the program. This form **MUST** be completed each day your child attends.

PROGRAM DECLARATION	Any participant answering YES to any of the questions below will not be permitted to attend. Participants must be symptom-free for 14 days prior to their first day of the program		YES	NO
	Has your child had a positive COVID-19 test in the past 14 days prior to this program?			
	Has your child had close contact with someone diagnosed with COVID-19 within the last 14 days prior to camp starting?			
	Has your child experienced any cold or flu-like symptoms in the last 14 days (fever, cough, and shortness of breath or other respiratory problem)?			
PARENT AGREEMENT	Parents must AGREE in order for their child to be eligible for the program.		AGREE	DISAGREE
	I agree that I will not send my child to the program if they are experiencing any Covid-19 signs or symptoms.			
	I agree that my child's temperature is not 100.4 or higher and did not give them any fever-reducing medications so they can attend the program.			
	I agree that if my child has had close or proximate contact with a confirmed or suspected COVID-19 case during the course of this program we will keep them out of program for the required 14 days.			

PARTICIPANTS NAME: _____

By signing this agreement, I consent to the above requirements for my child to attend this program.

PARENT/GUARDIAN SIGNATURE _____ DATE ___/___/___



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