

COVID-19 Health Screening

Child's Name _____

Today's Date _____

Carpenter Nature Center has developed policies and procedures for camp operations based on guidelines from the CDC and the MN Department of Health. **Before coming to the Nature Center for any of the day camps please complete this form the morning of camp and give this to a CNC staff person upon arrival.**

Has your child had any of the following symptoms today or in the past 14 days?

Fever or chills	Yes	No
Cough	Yes	No
Shortness of breath or difficulty breathing	Yes	No
Fatigue	Yes	No
Muscle or body aches	Yes	No
Headache	Yes	No
New loss of taste or smell	Yes	No
Sore throat	Yes	No
Congestion or runny nose	Yes	No
Nausea or vomiting	Yes	No
Diarrhea	Yes	No

Has anyone in your household had the above symptoms in the past 72 hours? Yes No

Has your child been in close contact with a confirmed case of COVID-19 within the past 14 days? Yes No

Has your child taken any fever reducing medications such as acetaminophen or ibuprofen in the past 24 hours? Yes No

Has your child traveled on a commercial flight or traveled outside the United States within the past 14 days? Yes No

If you answered yes to any of these questions or have experienced symptoms in the past 72 hours your child will not be allowed to attend the day camp at CNC and you can request a full refund.

Please initial that you understand and will abide by the following procedures:

_____ I will take the camper(s) temperature prior to camp drop off and understand that if a child has a fever of 100.4 or higher they should not come to the Nature Center.

_____ I agree to allow Nature Center staff to take my child's temperature upon arrival using a touch free thermometer.

_____ I can return to the Nature Center within one hour of being notified if the child must be picked up.

_____ I understand that camp may need to close on short notice due to government order, child or staff illness, or other emergency. I will provide emergency contact information to CNC staff.

_____ I understand that the information on this form will only be used to determine whether there are symptoms of COVID-19 and will be maintained strictly confidential.

I certify that the responses provided above are true and accurate to the best of my knowledge.

Parent/Guardian Signature

Today's Date: _____ Child's Temperature (to be completed at CNC): _____