

## Camper Health Acknowledgment Form

Please complete this brief form acknowledging and agreeing to the guidelines in place for entering Miss Betty's Day Camp based on federal, state, and local regulations

1. I agree that my child will wear a mask while at Miss Betty's Day Camp when necessary. I understand this is part of the Miss Betty's Day Camp Health and Safety Plan.
2. I agree to discuss the importance of social distancing with my child and understand that safety will be enforced for everyone while at Miss Betty's.
3. I agree that if my child or anyone in my household experiences symptoms of acute respiratory illness, such as: an oral temperature of 100.4°F or higher or a temporal temperature of 99.5°F or higher, fatigue, body aches, cough, shortness of breath, sore throat, runny/stuffy nose, chills, loss of smell/taste, I will not send my child to Miss Betty's Day Camp.
4. I agree that if my child has close contact with anyone who tests positive for COVID-19, is isolating as a result of a suspected COVID-19 infection, or is experiencing acute symptoms of COVID-19, I will not send my child to Miss Betty's Day Camp.
5. I hereby state that I have answered these questions honestly and to the best of my ability. I understand the guidelines presented to me and agree to abide by these guidelines. Please sign your name on the line below to certify your response. All signed forms must be brought to camp on your camper's first day.

Please Print Clearly, First and Last Names:

Guardian's Name \_\_\_\_\_

Camper's Name(s) \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_