

Chaperone Health Questionnaire



1. Have you experienced any of the following symptoms today? If any of the symptoms are checked, you **cannot** be registered for camp.
 - fever of 100.3°F or higher
 - cough
 - headache
 - trouble breathing
 - chills
 - muscle pain
 - sore throat
 - new loss of taste or smell
 - gastrointestinal symptoms (nausea, vomiting, or diarrhea)
 - no symptoms.
2. Are you waiting for a COVID-19 test result, been diagnosed with COVID-19, or been instructed by any health care provider or the health department to isolate or quarantine? If **YES**, the camper **cannot** be registered for camp.
3. In the last 14 days, have you had close contact (within 6 feet for at least 15 minutes) with anyone diagnosed with COVID-19 or having COVID-19 (i.e., tested due to symptoms)? If **YES**, the camper **cannot** be registered for camp.

MEDICAL RELEASE

The Camp-Wo-Me-To Staff and all counselors involved in Camp are working to provide a safe environment and minimal exposure to COVID-19. While we are taking precautions, we cannot prevent all possible exposures to COVID-19 while attending camp. It is not possible to prevent against the presence of the disease. Therefore, if you choose to attend or send your child to Camp-Wo-Me-To, and/or enter onto Camp-Wo-Me-To premises, you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my child(ren) in order to utilize Camp-Wo-Me-To services and enter Camp-Wo-Me-To's premises.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE.

Chaperone's Name: (print): _____ Date: _____

Signature: _____ Date: _____