Counselor & Counselor-in-Training Health Questionnaire



- 1. Have you experienced any of the following symptoms today? If any of the symptoms are checked, the camper **cannot** be registered for camp.
 - \Box fever of 100.3°F or higher
 - □ cough
 - \Box headache
 - \Box trouble breathing
 - □ chills
 - \square muscle pain
 - \Box sore throat
 - \Box new loss of taste or smell
 - □ gastrointestinal symptoms (nausea, vomiting, or diarrhea)
 - \Box 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 of 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 counselor/counselor-in-training 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.

Counselor/Counselor-in-Training: _____

Parent/Guardian's Name (print): _____

Signature of Parent/Guardian (if under 18 years old):

_____ Date: _____