

Camper Name: _____	Camp Week Start Date: _____	<input type="checkbox"/> Camp Kainos <input type="checkbox"/> Day Camp <input type="checkbox"/> Adventure Camp
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2022 Pre-Camp Health Screening

Dear New Life Families,

To help reduce the risk of illness at New Life, we ask that you check on the health of your child on the morning of camp check-in. The best camp sessions start with healthy campers, and this begins at home.

Please answer the following questions and bring this form with you when you check-in your child for their camp week.

1. Have you been sick in the last 10 days?

Yes No

If yes, what symptoms did you have?

- | | | |
|--|--|--------------------------------|
| <input type="radio"/> Cough | <input type="radio"/> Chills | <input type="radio"/> Nausea |
| <input type="radio"/> Shortness of breath | <input type="radio"/> Muscle Pain | <input type="radio"/> Vomiting |
| <input type="radio"/> Difficulty breathing | <input type="radio"/> Sore throat | <input type="radio"/> Diarrhea |
| <input type="radio"/> Fever | <input type="radio"/> New loss of taste or smell | |

Other symptoms not listed above: _____

◆ If you answered “yes” to any of the above symptoms, please call the camp prior to you bringing your child to camp to discuss with the camp health coordinator.

2. What was the temperature of your child the morning of the first day of camp (before leaving home to travel to camp)? _____ degrees. Time of Temperature was taken: _____

Signature of Parent and/or Guardian: _____

Printed Name of Parent and/or Guardian: _____

A helpful download titled, **A Healthy Camp Begins and Ends at Home** is available on our website on the Downloads page. This document can help you as a parent ensure that your child is ready for a great camp experience.

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Camp Staff Only:

Temperature at Check-In:

Staff Initials:
