



COVID RELEASE FORM

Please list the reading for your temperature as of the morning of camp: _____*F

Please read through this form and fill out accordingly.

SECTION 1 - CONTACT HISTORY

Check any that apply to this person

- The individual has been diagnosed with COVID-19 in the 14 days preceding your event.
- The individual has been in close contact with someone diagnosed with COVID-19 in the last 10-14 days.
- The individual has a household member who has been diagnosed with COVID-19 in the last 10-14 days.

SECTION 3 - PRE-EXISTING ILLNESSES

Check any that apply to this person

- Cardiovascular Disease
- Respiratory Disease (Including Asthma)

Individuals with preexisting conditions such as cardiovascular disease, respiratory disease including asthma, diabetes, and immunocompromised are at an increased risk of severe illness if COVID-19 is contracted. I understand that this person's preexisting illness increases the implied risk of COVID-19

SECTION 2 - IN THE LAST TWO WEEKS

Check any that apply to this person

- Fever (100.4 F & Up)
- Cough
- Shortness or Breath
- Body Aches

If any of the above apply to this person, call your group leader before arrival.

SECTION 4 - DISCLOSURE AGREEMENT

In light of the COVID-19 pandemic, we think it is important that you understand our efforts to manage your health and safety so that you can make an informed choice. We are focused on taking all reasonable measures to prevent the spread of COVID-19 in our camp. We have strengthened our standard cleaning procedures while adding increased frequency measures for things such as wiping down common touchpoints and dining hall areas. Additionally, we have taken measures to monitor and address symptomatic guests by introducing this pre-camp health screener.

By signing this form, I acknowledge the terms and conditions of Cedar Springs Camp & Retreat

CONTACT DETAILS

PARENT/GUARDIAN

MOBILE

E-MAIL

ADDRESS

Signature of parent/guardian

Date