

ODC Network Summer Camp Health Screening - July 7-9 2020

If you answer yes to any of these questions please contact us immediately to see if your camper will be able to attend camp.

There is an inherent risk to attending programs during a pandemic. The ODC Network is working to provide as safe of an environment as possible by providing hand washing/sanitizing materials, encouraging physical distancing during programs, and having staff wear face coverings when they are in close proximity to program participants.

In an effort to minimize illness at camp we ask that you check on the health of your camper daily beginning 14 days prior to camp. The best camp sessions start with healthy campers and that begins at home. Please fill out this online form 24 hours before camp starts or bring this completed form to camp on opening day.

We strictly follow HIPAA policy and will not share or disclose information publicly. In the case of a COVID-19 exposure during an ODC Network program, the Health Department will become involved and they too would follow strict medical privacy laws.

* Required

1. Parent/Guardian First and Last Name *

2. Parent/Guardian Email address *

3. Parent/Guardian Phone Number *

4. Camper First and Last Name *

5. What camp are they attending? *

Check all that apply.

- Yuckology (Session 1) (4-6 yo)
- Animals of DeGraaf (7-9 yo)
- Kayak Camp (Session 2) (9-16 yo)

In the last 14 days has the camper:

6. Had close contact with someone who has had any symptoms of COVID-19? *

Mark only one oval.

- Yes
- No *Skip to question 8*

Skip to question 7

COVID-19 contact information

7. Please describe the circumstances of close contact. Contact us immediately to discuss. *

In the last 14 days has the camper:

8. Traveled via airplane domestically or internationally? *

Mark only one oval.

- Yes
- No *Skip to question 10*

Travel information

9. What date did the camper return to Michigan and where was the camper traveling from? Contact us immediately to discuss. *
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Symptom Information

10. Please indicate if your camper has had any of the following symptoms in the 14 days prior to camp by checking the box. If they have not experienced a symptom, leave the box blank. If any high temperatures or symptoms are present, please have your camper evaluated by a licensed provider and contact camp for further guidance. If you feel these symptoms are related to another pre-existing condition you will need to discuss that with the camp naturalist prior to coming to camp.

Check all that apply.

- Body temperature above 100 degrees
- Feeling Feverish (Subjective)
- Experienced Chills
- Headache
- New or Worsening Cough
- Shortness of Breath
- Sore Throat
- Loss of Smell or Taste
- Swelling in the Body or Joints
- Runny Nose or Congestion
- Muscle or Body Aches
- Abdominal Pain
- Fatigue
- Nausea
- Vomiting
- Diarrhea

11. If you affirm that you have answered to the best of your knowledge all of these questions and the camper is feeling healthy, please check I affirm. If you do not affirm, please speak to one of the ODC Network staff before allowing the camper to participate.

Check all that apply.

I affirm

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