

# CAMP OF THE RISING SON

at  
FRENCH CAMP ACADEMY

We are grateful for your partnership with us to provide a safe and healthy environment for CRS.

**Please print, fill out, and bring this form with you to 2021 check-in!**

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Prior to your child's arrival at CRS please complete the steps listed on this required form.

**BE SURE TO BRING THIS FORM TO CHECK-IN.**

**Do not mail prior to arrival at CRS.**

### 7-DAY RISK REDUCTION:

Immediately before your camper's arrival at CRS, we recommend that she/he complete 7 days of risk-reduction to limit potential exposure to Covid-19. This means limiting exposure to non-family members, wearing a face mask around non-family members, avoiding large crowds/gatherings.

Please check off each day of self-quarantine completed below:

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7

### 7-DAY DAILY TEMPERATURE CHECK:

As part of your partnership with us, for 7 days prior to your camper's arrival at CRS, we ask you to record his/her temperature. For your convenience, we've provided spaces below. Please check and record your camper's temperature at the same time each day.

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7

### SYMPTOMS IN THE LAST WEEK WITHOUT OBVIOUS CAUSE

Check any that apply to your camper:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> FEVER               | <input type="checkbox"/> FATIGUE         | <input type="checkbox"/> RUNNY NOSE          |
| <input type="checkbox"/> COUGH               | <input type="checkbox"/> NAUSEA/VOMITING | <input type="checkbox"/> SORE THROAT         |
| <input type="checkbox"/> SHORTNESS OF BREATH | <input type="checkbox"/> DIARRHEA        | <input type="checkbox"/> LOSS OF TASTE/SMELL |
| <input type="checkbox"/> BODY ACHES          | <input type="checkbox"/> CHILLS          |  |

If symptoms are present at time of arrival, parents may arrive with a negative Covid-19 test taken within the last 48 hours or have camp perform the test upon arrival for a fee of \$30.

MY CHILD HAS BEEN SYMPTOM FREE FOR THE PAST 7 DAYS

INITIAL HERE:

**PRE-EXISTING ILLNESSES**

Check any that apply to your camper:

- CARDIOVASCULAR DISEASE
- RESPIRATORY DISEASE (including asthma)
- DIABETES
- IMMUNOCOMPROMISE

Individuals with preexisting conditions such as cardiovascular disease, respiratory disease including asthma, diabetes, and immunocompromise are at increased risk of severe illness if Covid-19 is contracted. I understand that my child's pre-existing illness increases the implied risk of Covid-19.

<input type="checkbox"/> I UNDERSTAND THE IMPLIED RISK OF PRE-EXISTING ILLNESSES	INITIAL HERE: _____
--	---------------------

**CONTACT HISTORY**

Check any that apply to your camper:

- She/he has been diagnosed with Covid-19. Date of positive test: \_\_\_\_\_
  - Camper will be eligible to attend if they are 10 days post-test with no fever and improving symptoms for 24 hours.
- She/he has a close contact with someone exposed to or infected with Covid-19 in the last 7 days.
- She/he has a household member currently on a watchlist for Covid-19 exposure.

For any recent exposure concerns, please email [info@campoftherisingson.com](mailto:info@campoftherisingson.com) prior to arrival.

<input type="checkbox"/> I VERIFY THAT I HAVE ANSWERED THIS QUESTION TRUTHFULLY	INITIAL HERE: _____
---	---------------------

The health and safety of our CRS campers, staff, and families is our #1 priority. In light of the Covid-19 pandemic, it is important that you understand CRS's efforts to manage your camper's health and safety so that you can make an informed choice. We are taking many measures to prevent the spread of Covid-19 at CRS; however, we are unable to eliminate all risk. We have strengthened our standard cleaning procedures, while adding increased frequency measures for wiping down common touch points, dining areas and activity equipment. Additionally, we have taking measures to monitor and address symptomatic campers by introducing this health-screener, daily temperature checks, and protocols to isolate, confirm, respond, and remove any camper or staff with suspected Covid-19. Ultimately, the choice for your camper to attend CRS, or not, is a personal one, and you are in control. If you need to cancel your week due to Covid-19, you may request a refund for any tuition paid.

<input type="checkbox"/> I CONSENT TO THE ABOVE DISLOSURE FOR SUMMER 2021	INITIAL HERE: _____
---	---------------------

<input type="checkbox"/> I CONSENT TO MY CHILD RECEIVING A COVID-19 TEST IF SYMPTOMS ARRISE	INITIAL: _____
<input type="checkbox"/> I OPT OUT OF TESTING (I AGREE TO PICK THEM UP IF SIGNIFICANT SYMPTOMS ARRISE)	INITIAL: _____

PARENT/GUARDIAN SIGNATURE

DATE

**FOR OFFICE USE ONLY**

<b>Initial Screening</b>	Date/Time: _____	Initials: _____	Temp: _____
A. Any signs/symptoms of illness or injury upon arrival?..... <input type="checkbox"/> No <input type="checkbox"/> Yes as noted below			
B. History of exposure to communicable disease?..... <input type="checkbox"/> No <input type="checkbox"/> Yes as noted below			
C. Additions or corrections to information on this health history?..... <input type="checkbox"/> No <input type="checkbox"/> Yes as noted below			
D. Medication given to health-care staff?..... <input type="checkbox"/> No <input type="checkbox"/> Yes as noted below			
E. Any signs/symptoms of head lice?..... <input type="checkbox"/> No <input type="checkbox"/> Yes as noted below			
<b>Provider notes: (date/time/initial all entries)</b> _____			
_____			