



METRO CHRISTIAN ACADEMY RETURN TO CAMP FORM

Metro Christian Academy is grateful for your partnership with us to provide a safe and healthy camp environment this summer on our campus. **This completed form is required for attendance at any and all remaining summer camps at Metro Christian Academy and should be completed prior to your child's arrival at camp.**

Camper Full Name: _____

Date of Birth: _____ **Camp Attending:** _____

Prior to your camper's arrival at any of Metro's summer camps, please complete the steps listed on this required form. Be sure to have this form available for drop-off beginning Monday, June 6, 2020.

Symptoms In The Last Two Weeks Without Obvious Cause (Check any that apply to your child):

<input type="checkbox"/> Fever	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Sore Throat or Cough
<input type="checkbox"/> Congestion/Runny Nose	<input type="checkbox"/> Nausea/Vomiting	<input type="checkbox"/> Change in Taste or Smell
<input type="checkbox"/> Shortness of Breath	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Change in Appetite
<input type="checkbox"/> Muscle/Body Aches	<input type="checkbox"/> Chills	<input type="checkbox"/> Headache

If any apply to your child, please call 918.745.9868, ext. 190 or email dpatrock@metroca.com prior to drop-off.

My child has been symptom free for the past 14 days: _____ Initial Here

Pre-Existing Illnesses (Check any that apply to your child):

<input type="checkbox"/> Cardiovascular Disease	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Respiratory Disease including Asthma	<input type="checkbox"/> Immunocompromised

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 my child's pre-existing illness increases the implied risk of COVID-19.

I understand the implied risk of pre-existing illnesses: _____ Initial Here

Contact History (Check any that apply to your child):

- The individual has been diagnosed with COVID-19
- Have you traveled within 14 days to any country or state that the CDC is requiring that you quarantine upon return?
- Have you, or someone in your household, had close, unprotected contact with a suspected or known COVID-19 positive (spent more than 10 minutes within 6 feet of someone)?

If any apply to your child, please call 918.745.9868, ext. 190 or email dpatrock@metroca.com prior to drop-off.

I verify that I have answered this question truthfully: _____

Initial Here



Metro Christian Academy Summer Camp Disclosure Policy

The health and safety of our campers is our #1 priority. Because of the COVID-19 pandemic, we think that it is important that you understand Metro Christian Academy's efforts to manage your campers health and safety so that you can make an informed choice to attend any of our remaining summer camps. Metro is focused on taking all reasonable measures to prevent that spread of COVID-19 in our camps. We have strengthened the standard cleaning procedures, while adding increased frequency measures for things such as wiping down common touch points and activity equipment. Additionally, Metro has taken measures to monitor and address by introducing this pre-camp health screener, daily temperature checks, and developed protocols to isolate, confirm, respond, and remove any camper or staff with suspected COVID-19.

The COVID-19 situation continues to change daily, thus, Metro will adapt and adjust our protocols and procedures as we follow the guidance provided by the CDC, THD, local and national authorities, and internally via leadership and administration, in our efforts to help keep our campers, staff, and families safe.

Ultimately, the choice for your child to attend summer camp at Metro Christian Academy is a personal one, and you have the option of whether or not to send your child to camp. If you are uncomfortable with the risks of COVID-19 in a summer camp setting or having your child interact with our staff, coaches, and other campers, we can provide a full refund.

I consent to the above disclosure for Summer 2020: _____
Initial Here

Parent Signature

Date