IPC Day Camp Covid-19 Self Certification for Monday

Camper's Name_____

In the past 72 hrs., has your child exhibited any of the following symptoms:

	Yes	No
1. Temperature greater than 99.9 degrees Fahrenheit?	☐	☐
2. Cough, shortness of breath, difficulty breathing, or other respiratory symptoms?	☐	☐
3. Chills, muscle pain, headache, or sore throat?	☐	☐
4. New loss of taste or smell?	☐	☐

If my child is at elevated risk (according to CDC), he/she has been cleared by a doctor to attend.

Parent's Signature _____

Temperature screening at check-in greater than 99.9 degrees Fahrenheit?	☐	☐

If the answer to any of these is "Yes", the camper will not be permitted to attend camp.

IPC Day Camp Covid-19 Self Certification for Tuesday

Camper's Name_____

In the past 72 hrs., has your child exhibited any of the following symptoms:

	Yes	No
1. Temperature greater than 99.9 degrees Fahrenheit?	☐	☐
2. Cough, shortness of breath, difficulty breathing, or other respiratory symptoms?	☐	☐
3. Chills, muscle pain, headache, or sore throat?	☐	☐
4. New loss of taste or smell?	☐	☐

If my child is at elevated risk (according to CDC), he/she has been cleared by a doctor to attend.

Parent's Signature _____

Temperature screening at check-in greater than 99.9 degrees Fahrenheit?	☐	☐

If the answer to any of these is "Yes", the camper will not be permitted to attend camp.

IPC Day Camp Covid-19 Self Certification for Wednesday

Camper's Name_____

In the past 72 hrs., has your child exhibited any of the following symptoms:

	Yes	No
1. Temperature greater than 99.9 degrees Fahrenheit?	☐	☐
2. Cough, shortness of breath, difficulty breathing, or other respiratory symptoms?	☐	☐
3. Chills, muscle pain, headache, or sore throat?	☐	☐
4. New loss of taste or smell?	☐	☐

If my child is at elevated risk (according to CDC), he/she has been cleared by a doctor to attend.

Parent's Signature _____

Temperature screening at check-in greater than 99.9 degrees Fahrenheit?	☐	☐

If the answer to any of these is "Yes", the camper will not be permitted to attend camp.

IPC Day Camp Covid-19 Self Certification for Thursday

Camper's Name_____

In the past 72 hrs., has your child exhibited any of the following symptoms:

	Yes	No
1. Temperature greater than 99.9 degrees Fahrenheit?	☐	☐
2. Cough, shortness of breath, difficulty breathing, or other respiratory symptoms?	☐	☐
3. Chills, muscle pain, headache, or sore throat?	☐	☐
4. New loss of taste or smell?	☐	☐

If my child is at elevated risk (according to CDC), he/she has been cleared by a doctor to attend.

Parent's Signature _____

Temperature screening at check-in greater than 99.9 degrees Fahrenheit?	☐	☐

If the answer to any of these is "Yes", the camper will not be permitted to attend camp.

IPC Day Camp Covid-19 Self Certification for Friday

Camper's Name_____

In the past 72 hrs., has your child exhibited any of the following symptoms:

	Yes	No
1. Temperature greater than 99.9 degrees Fahrenheit?	☐	☐
2. Cough, shortness of breath, difficulty breathing, or other respiratory symptoms?	☐	☐
3. Chills, muscle pain, headache, or sore throat?	☐	☐
4. New loss of taste or smell?	☐	☐

If my child is at elevated risk (according to CDC), he/she has been cleared by a doctor to attend.

Parent's Signature _____

Temperature screening at check-in greater than 99.9 degrees Fahrenheit?	☐	☐

If the answer to any of these is "Yes", the camper will not be permitted to attend camp.

INSTRUCTIONS (PLEASE READ AND FOLLOW CAREFULLY)

1. Cut out and use one form for each day of camp - one camper per form.
2. Fill in camper's name at top and answer the 4 questions by checking "Yes" or "No".
3. Sign the form and have it ready when pulling into camp.
4. Remain in your car. Staff will meet you to do the temperature screening for your child.
5. If all boxes are checked "No" - Welcome to camp!
6. Staff will instruct your child where to go next.
7. Please remain in your car when you come to pick up at the end of the day. If you have questions or need help requiring more than a minute, we'll have a parking space designated to pull into.