

Camp Fire Inland Northwest Camps: Daily Symptom Check

Camper Full Name: _____

YES – I attest that in the past 72 hours my child has not displayed signs or symptoms of a fever, such as chills, sweats, feeling “feverish,” having an elevated temperature (above what is typical for them) or a temperature greater than 100.4 F.

YES – I attest that my child has not experienced any of the following symptoms that are not caused by another known condition: cough, shortness of breath, sore throat, muscle or body aches, unexplained loss of taste or smell, nausea or vomiting, diarrhea, fatigue, headache, congestion or runny nose.

YES – To the best of my knowledge, in the last 14 days my child has not come into contact with anyone who has a confirmed COVID-19 diagnosis or COVID-19 like symptoms.

IF YOU ARE UNABLE TO CHECK ANY OF THE BOXES ABOVE, DO NOT SEND YOUR CAMPER TO CAMP. CONTACT THE CAMP TO MAKE ALTERNATE ARRANGEMENTS FOR YOUR CAMPER TO ATTEND A DIFFERENT WEEK AND CALL YOUR REGIONAL HEALTH DISTRICT. Dart-Lo 509.466.2312 / Sweyolakan 208.664.9327

Parent Signature: _____ Date: _____

For office use only: TEMPERATURE _____

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