

# Straight Arrow Camp Intake Form

Please complete form and bring to Camp Medical Team at registration

We are grateful for your partnership with us to provide a safe and healthy Camp environment this summer at Straight Arrow Camp. The completed Intake Form is required for check-in at Straight Arrow Camp and should be completed prior to your child's arrival. There will be a Medical Team during check-in to complete evaluation and sign for approval.

Camper Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Camp: Sr.Bys  Sr.Grls  Jr.Bys  Jr.Grls

## WHICH OF THE FOLLOWING, IF ANY, HAS YOUR CHILD/CAMPER TAKEN PART OF OR COMPLETED:

**14-Day Self-Quarantine:** Immediately before your child's arrival at Straight Arrow Camp, has your child/camper completed 14 days of self-quarantine to reduce their risk of exposure to COVID-19. By self-quarantine, we mean limiting exposure to non-family members, wearing a face mask around non-family members, avoiding large crowds/gatherings, and limiting unnecessary travel.

Yes  No **MY CHILD HAS COMPLETED A 14-DAY SELF-QUARANTINE** \_\_\_\_\_  
INITIAL HERE

No sooner than one week prior to your child/camper's arrival at Straight Arrow Camp, a molecular COVID-19 test has been completed. Results indicating a negative test result and **must** be attached to this form.

Yes  No **MY CHILD HAS COMPLETED A COVID-19 MOLECULAR TEST** \_\_\_\_\_  
INITIAL HERE

Prior to your child's/camper's arrival, my child/camper has completed a 7 day self-quarantine to reduce their risk of exposure to COVID-19. By self-quarantine, we mean limiting exposure to non-family members, wearing a face mask around non-family members, avoiding large crowds/gatherings, and limiting unnecessary travel.

Yes  No **MY CHILD HAS COMPLETED A 7-DAY SELF QUARANTINE** \_\_\_\_\_  
INITIAL HERE

## PLEASE COMPLETE THE FOLLOWING QUESTIONS:

**MY CHILD HAS BEEN FEVER FREE FOR THE PAST SEVEN DAYS** \_\_\_\_\_  
INITIAL HERE

**SYMPTOMS IN THE LAST TWO WEEKS** – Check any that apply to your Camper.

- |   |   |
|---|---|
| <input type="checkbox"/> Fever (above 100.4F) | <input type="checkbox"/> Change in Taste or Smell   |
| <input type="checkbox"/> Cough                | <input type="checkbox"/> Change in Appetite         |
| <input type="checkbox"/> Shortness of Breath  | <input type="checkbox"/> Generally Not Feeling Well |
| <input type="checkbox"/> Body Aches           |   |

If any above applies to your Camper, please call (469) 951-1758 or email [jan@straightarrowcamp.org](mailto:jan@straightarrowcamp.org) **prior of arrival.**

**MY CHILD HAS BEEN SYMPTOM FREE FOR THE PAST 14 DAYS** \_\_\_\_\_  
INITIAL HERE

**MY CHILD HAS NOT BEEN OUT OF THE COUNTRY IN THE LAST 30 DAYS, IF YES, CAMPER HAS COMPLETED A 14-DAY SELF QUARANTINE PERIOD** \_\_\_\_\_  
INITIAL HERE

## PRE-EXISTING ILLNESSES

Check any that apply to your Camper:

- |   |  |
|---|--|
| <input type="checkbox"/> Cardiovascular Disease               | <input type="checkbox"/> Diabetes                  |
| <input type="checkbox"/> Respiratory Disease including Asthma | <input type="checkbox"/> Immunocompromised         |
| <input type="checkbox"/> Other: _____                         | <input type="checkbox"/> NO PRE-EXISTING ILLNESSES |

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/camper'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 Camper.

- The child/camper has been diagnosed with COVID-19.
- The child/camper has a close contact that has been in contact with someone exposed to or infected with COVID-19 in the last 14 days.
- The child/camper has a household member currently on a watch list for COVID-19 exposure.

If any above apply to your camper, please call (469) 951-1758 or email [jan@straightarrowcamp.org](mailto:jan@straightarrowcamp.org) **prior to arrival.**

**[ ] I VERIFY THAT I HAVE ANSWERED THESE QUESTIONS TRUTHFULLY** \_\_\_\_\_  
INITIAL HERE

The health and safety of our Campers is our #1 priority. In light of the COVID-19 pandemic, we think it is important that you understand our efforts to manage your Campers health and safety so that you can make an informed choice. We are focused on taking all reasonable measures to prevent the spread of COVID-19 in our Camps. We have strengthened our standard cleaning procedures, while adding increased frequency measures for things such as wiping down common touch points, dining hall area, and activity equipment. Additionally, we have taken measures to monitor and address symptomatic Campers by introducing this pre-Camp health screener, daily temperature checks, and protocols to isolate, confirm, respond, and remove any Camper or Staff with suspected COVID-19.

This situation continues to change daily, and as such, we will adapt and adjust our protocols and procedures as we follow the guidance provided by the CDC and local health departments, in our efforts to help keep our Campers, Staff, and families safe.

Ultimately, the choice for your child to attend summer camp at Straight Arrow Camp is a personal one, and you are in control. If you are uncomfortable with the risks of COVID-19 in a summer camp setting or having your child interact with our Staff and other Campers, we have several options available to you, including a full refund or moving your child's/camper's term to Summer 2021.

**[ ] I CONSENT TO THE ABOVE DISCLOSURE FOR SUMMER 2020** \_\_\_\_\_  
INITIAL HERE

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PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**TO BE COMPLETE BY THE CAMP MEDICAL TEAM**

The Camp Medical Team will take Campers temperature and assess questionnaire and sign  
Please take to registration

[ ] Temperature reading: \_\_\_\_\_  
Medical Team Signature Here

Camper to be screened for any of the following new or worsening signs or symptoms of possible COVID-19:

- Cough
- Shortness of breath or difficulty breathing
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- Loss of taste or smell
- Diarrhea
- Feeling feverish or a measured temperature greater than or equal to 100.4 degrees Fahrenheit
- Known close contact with a person who is lab Confirmed to have COVID-19

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Camp Medical Team Signature \_\_\_\_\_ Date \_\_\_\_\_