



Camper Check-in Form

This form WILL BE COLLECTED AT CHECK-IN. Please have it ready.

CAMPER FULL NAME: _____ CAMPER DATE OF BIRTH: _____

INITIAL
HERE

DEVICE FREE ENVIRONMENT

I agree that my camper is not bringing a cellular or internet-enabled device to camp.

INITIAL
HERE

RECENT SYMPTOM CHECK

Within the last 5 days, I agree that my camper has not displayed any of the following symptoms:

Fever (above 100.4° F)
Cough
Diarrhea

Change in taste or smell
Shortness of breath
Vomiting

Generally not feeling well
Headache/Body Aches

Check One: HEAD LICE PREVENTION

- ☐ My camper has had head-lice in the last 30 days and attached is a professional lice removal treatment confirmation.
- ☐ My camper has been exposed to someone with head lice in the last 30 days, but has not needed treatment.
(If checked, one of our check-in nurses will complete a discrete head-check before admission to camp.)
- ☐ My camper has no known exposure to head lice in the last 30 days.

I, the parent/guardian, acknowledge that I have filled out this form truthfully and to the best of my ability

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



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