Camper Name	

Catholic Youth Camp Summer Programs COVID-19 MEDICAL PROTOCOLS AND PRACTICES

Ensuring a safe summer camp will require a partnership among all of us. Our top priority is to keep our participants, families, and staff safe. In light of our current reality, we have elevated our medical protocols and practices using recommendations from the Centers for Disease Control and Prevention (CDC), American Camp Association (ACA), Minnesota Department of Health (MDH) and guidance from our Camp Board of Directors. As always, we will continue to monitor guidance from the CDC and the State of Minnesota. We recognize that COVID-19 guidelines will change as the landscape changes, and will adapt our programming and protocols accordingly.

To minimize illness at Camp, we ask that you monitor the health of your camper daily beginning 14 days prior to their arrival at Camp.

If your child is attending camp, please complete the form below, sign at the bottom, and send the actual paper form with your child as they depart for camp or board the bus. These forms along with proof of a negative COVID-19 PCR test or vaccination is required to be admitted into camp.

14-Day Temperature/Symptom Check

Start date of temperature check/symptom screening: Day_	Month
(A fever is 100.4 and greater. Symptoms of CO\	/ID-19: Fever, Chills, Shortness of
breath/difficulty breathing, loss of taste/smell, n	new cough, vomiting, diarrhea,
abdominal pain, headache, sore throat.)	

Day	14	13	12	11	10	9	8
Date							
Temperature							
(Example 99.0)							
Symptoms	□ YES						
Present	□ NO						
Day	7	6	5	4	3	2	1
Date							
Temperature							
(Example 99.5)							
	□ YES						
Symptoms Present	□ NO						

DAY OF ARRIVAL TO CAMP PRE-SCREENING ASSESSMENT

Please read carefully and check the appropriate answer. Has the camper in the last 14 days: (This is to be completed the day of arrival before traveling to camp).

	ed in relation to, COVID-19 or living in the symptomatic laboratory-confirmed COVID-	□ YES □ NO □ Not Applicable
Experienced, or been around anyo COVID-19?	one experiencing, any symptoms of	□ YES □ NO
Had any reason to believe you cu	rrently have COVID-19?	□ YES □ NO
Traveled to/from CDC countries wit travel restrictions (Levels 3 or 4 as	th widespread ongoing transmission with s defined by the CDC)?	□ YES □ NO
Other states or counties you have to	raveled in the past 14 days? (List)	
please call the number below for f camp bus. You must of have proo	questions, or record a temperature of 1 further guidance before departing to can of of vaccination or a negative COIVID-19 amp or before boarding the bus to cam or - 651-636-1645	np or boarding a PCR completed
to Camp and to the best of our a	u have completed this health screening ability. We understand that arriving to ience for all campers, staff and the co	Camp healthy
Parent Signature:	Date:	