

# ELI CHECK-IN FORM

Camper Screening, COVID-19 Pre-Screening, & Legal Terms



ELI Participant Name \_\_\_\_\_

**ELI Participant Screening:** Please explain "Yes" responses on the back of this form.

- Yes  No Has the ELI Participant been sick within the last 14 days?
- Yes  No Has the ELI Participant been exposed to any contagious illnesses in the last 14 days?
- Yes  No Has the ELI Participant been in contact with an individual who has been ill with respiratory complaints or fever, or who I know has tested positive for COVID-19 in the 14 days before the start of camp?
- Yes  No Has the ELI Participant been diagnosed with COVID-19 in the past 3 months.
- Yes  No Does the ELI Participant have any visible signs of injury (cuts, bruises, etc.) or any rashes or itches?
- Yes  No Has the ELI Participant had any change in their health or immunization status since the Health History was completed?
- Yes  No Does the ELI Participant have any over-the-counter or prescription medications in his/her luggage? (take home or give to nurse)
- Yes  No Does the ELI Participant have a cell phone in their possession or luggage? (not allowed—parents please take home)
- Yes  No Is the ELI Participant allergic to foods, medicines, or insect stings/bites? (if yes, please list reactions/severity on back of this page)
- Yes  No If eligible, has the ELI Participant been vaccinated for COVID-19? (if yes, please list date fully vaccinated on back of this page)

Initial \_\_\_\_\_ The ELI Participant agrees to comply with all COVID-19 mitigation protocols while at camp. (see [growdaycamps.org/covid](http://growdaycamps.org/covid))

Initial \_\_\_\_\_ I understand all medications (prescription and over-the-counter) must be turned in to the camp staff for administration as indicated on the Medication Administration form; no medications are to be kept in luggage with the exception of epipens and rescue inhalers.

**COVID-19 Pre-Screening:** In an effort to minimize illness at camp we ask that you check on the health of your child daily beginning 14 days prior to camp. The best camp sessions start with a healthy group and this begins at home. Please bring this completed form to camp on opening day.

Please indicate if your child has any of the following symptoms starting 14 days prior to camp. If any symptoms are present, please have your child evaluated by a licensed provider and contact camp for further guidance. If your child is symptomatic, or if they have been exposed to somebody who is confirmed COVID-19 positive, you are required to bring proof of a negative test administered within 72 hours of arrival.

**Symptoms:**

- Cough
- Difficulty breathing
- Shortness of breath
- Muscle pain
- Nausea or vomiting
- Chills
- Diarrhea
- Sore throat
- Fever
- New loss of taste or smell

Days Until Camp	14	13	12	11	10	9	8
Symptoms (Yes or No)							
Days Until Camp	7	6	5	4	3	2	1
Symptoms (Yes or No)							

My child has not developed any of the listed symptoms above in the last 14 days that cannot be attributed to another health condition. **Initial** \_\_\_\_\_

**Health Information Release, Permission to Treat, Transport and Use Likeness**

- I attest that the health history information I completed online during the registration process for the above-named ELI Participant is current, correct and accurately reflects the health status of said ELI Participant. This ELI Participant has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program staff about my child's health status. I agree to hold harmless Grow Day Camps, LLC, its employees, its instructors, facilitators and agents for any liability arising out of this child's participation in the program, expressly including the potential exposure to communicable disease, including COVID-19.
- I attest that the information given in the above "ELI Participant Screening Form" and "COVID-19 Pre-Screening" is accurate and truthful.
- I understand that admission to camp is based on evaluation by our healthcare team and program Directors.
- I understand that all medications for my ELI Participant will be administered by an Grow Staff Member and that the camp nurse will serve Grow in a consultative or emergency role only.
- I give permission to the camp staff to transport this ELI Participant for emergency or programmatic purposes at the discretion of the program Directors.
- For good and valuable consideration, we hereby consent to and authorize the reproduction, publication, and use by North Georgia Camp & Retreat Ministries INC, Grow Day Camps LLC, the United Methodist Church or agency hosting the day camp attended, and their successors and assigns, for advertising, commercial, or any other purpose, of any photograph, picture video or likeness of my child or other family members.

Parent/Legal Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Legal Guardian Printed Name \_\_\_\_\_