

# CHECK-IN FORM 2024

Health Screening and Legal Terms



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

## Health Screening: 7-Day Symptoms History

In an effort to minimize illness at camp, we ask that all families track their participant's health 7 days prior to arrival. The best camp sessions start with healthy participants and this begins at home. Please bring this completed form to check-in.

Using the chart below, please indicate if your ELI participant has experienced any of the following symptoms of communicable illnesses starting 7 days prior to camp. List symptoms on the day they occurred. We ask that participants and family members who feel sick on check-in day or 24-hours prior not come. For symptoms within a few days of check-in, please have your participant evaluated by a licensed provider and contact camp for further guidance.

- Yes**  **No** Has the ELI participant experienced any of the following symptoms during the 7 days prior to arrival? (if yes, list in chart below)
- 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	7	6	5	4	3	2	1
Symptoms							

## Health Screening: Check-In Day Questions

To be completed on check-in day. **Explain any "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 within the last 14 days?
- 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 health or immunization status since their Health History was last updated or completed?
- Yes**  **No** Is the ELI participant allergic to foods, medicines, or insect stings/bites? (if yes, list reactions and severity on back of this page)
- Yes**  **No** Does the ELI participant have a cell phone in their possession? (not allowed – check it in with staff or parents take it home)
- Yes**  **No** Does the ELI participant have any prescription or over-the-counter medications/vitamins/supplements in their luggage?

**Initial** \_\_\_\_\_ I understand that all prescription and over-the-counter medications, vitamins, and supplements must be turned in to program staff in their original container(s) for administration as indicated on the Medication Administration Form. No medications, vitamins, or supplements are to be kept in luggage or with the ELI participant with the exception of epipens and rescue inhalers, which must be cleared by and checked in with program staff during check-in.

## Legal Terms: 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 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 healthcare 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 understand that the above permission to treat for routine healthcare includes treatment of minor ailments (e.g. headaches, stomachaches, cold/allergy, insect bites/stings, etc.) with over-the-counter medication.
- I attest that the information I have provided on this Check-in Form is accurate and truthful.
- I understand that admission is based on evaluation by the Healthcare Team and program Directors.
- I understand that participants with any communicable illness will not be allowed to remain at camp, and that, per camp's Cancellation Policy, no refund will be made for any reason after the start of the session.
- I understand that all medications for my ELI Participant will be administered by program staff and that the camp nurse will serve Grow and ELI in a consultative or emergency role only.
- I give permission to the program staff to transport my 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, 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:** \_\_\_\_\_