

# Calvin Center Check-In Summer 2022



DATE: \_\_\_\_\_ Day Camp \_\_\_\_\_ Overnight Camp \_\_\_\_\_ Horse Camp \_\_\_\_\_

Participants Name: \_\_\_\_\_ Age \_\_\_\_\_

Please answer the following questions and have this ready for participant drop off:

1. Has the camper, or anyone in their family, had any of the following symptoms in the past two weeks, even if they were mild?

Fever    Cough    Shortness of breath    Diarrhea    Upset stomach    Fever over 100.4

Yes

No

2. Has the camper, or anyone in their family, had close contact with a person who is under investigation for possible COVID-19 or traveled outside of the country in the last two weeks?

Yes

No

3. Is the camper bringing any medicine (including inhalers or epi-pens) to camp? If so, what?

\_\_\_\_\_  
\_\_\_\_\_

4. List everyone who has the authorization to pick up the camper?

\_\_\_\_\_  
\_\_\_\_\_

((FOR STAFF USE ONLY))

Participant's Incoming Temperature: \_\_\_\_\_ Covid Exposure: Yes  No

Who dropped off the Participant? \_\_\_\_\_

Who picked up the Participant? \_\_\_\_\_ Signed Out \_\_\_\_\_

Any forms needed?    Yes  No

No electronics/weapons/food?

If yes, send to Office to finish form(s).

\$10 for snack bar    Yes  No