

COVID Assessment Form

Required for everyone coming to camp.

Camper Name _____

I agree that I have not been exposed to my knowledge to COVID in the past 2 weeks.

I agree that I have not run a fever to my knowledge in the past 2 weeks.

I agree that I have not had any cold or COVID symptoms for the last 2 weeks.

I agree that I am currently cold and COVID symptom free right now.

I agree to notifying the health room of camp administration if I start to feel cold symptoms while at Westminster Woods.

I agree to notify Westminster Woods if I (or my camper) becomes ill within 72 hours of leaving camp.

Signature

Date