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**Camp on the Key**

**Staff Check-in Form**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_ Temp. \_\_\_\_\_\_\_ (staff initials)**

**Thank you for completing this form daily. The health and safety of our entire camp depends on accurate and honest information about everyone.**

(please initial)

**I verify that, in the past 24 hours:**

**I have not experienced any of the following symptoms:**

**dry cough \_\_\_ fever \_\_\_\_ nausea \_\_\_\_**

 **vomiting \_\_\_ diarrhea \_\_\_\_ red toes \_\_\_\_**

 **loss of taste or smell \_\_\_\_ rash \_\_\_\_ fatigue \_\_\_\_**

 **shortness of breath \_\_\_\_ loss of taste or smell \_\_\_\_**

**I have not taken any fever reducing medication in the past 24 hours. \_\_\_**

**No one in our household has experienced any of the above symptoms. \_\_\_**

**No one in our household has knowingly come in contact with anyone who has experienced any of the symptoms listed above. \_\_**

**No one in our household has knowingly come in contact with anyone who has tested positive for COVID-19. \_\_\_**

**I verify that no one in our household has traveled outside of the U.S. in the past 14 days. \_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Camp on the Key**

**Camper Check-in Form**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_ Temp. \_\_\_\_\_\_\_ (staff initials)**

(please initial)

**I verify that, in the past 24 hours:**

**My child has not experienced any of the following symptoms:**

 **dry cough \_\_\_ fever \_\_\_\_ nausea \_\_\_\_**

 **vomiting \_\_\_ diarrhea \_\_\_\_ red toes \_\_\_\_**

 **loss of taste or smell \_\_\_\_ rash \_\_\_\_ fatigue \_\_\_\_**

 **shortness of breath \_\_\_\_ loss of taste or smell \_\_\_\_**

**My child has not received any fever reducing medication in the past**

 **24 hours. \_\_\_**

**No one in our household has experienced any of the above symptoms. \_\_\_**

**No one in our household has knowingly come in contact with anyone who has experienced any of the symptoms listed above. \_\_**

**No one in our household has knowingly come in contact with anyone who has tested positive for COVID-19. \_\_\_**

**No one in our household has traveled outside of the U.S. \_\_\_**

**Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**