



REQUIRED VISTA HEALTH SCREENING FORM

The health and safety of our campers and their families is our primary concern. In an effort to run a responsible summer program this form is **REQUIRED FOR ALL CAMPERS** prior to camp.

CAMPER NAME :

CABIN:

14 DAY SELF QUARANTINE PRIOR TO CAMP

To reduce exposure to Covid-19. We ask that every camper complete a 14 day self-quarantine OR a seven day quarantine along with a negative Covid-19 test (these results must be brought with you and completed within 72 hours of arrival). This means limiting your exposure to non-family members and avoiding public spaces and social gatherings.

☐

My camper has completed the quarantine as described above (initial box).

DAILY TEMPERATURE CHECKS 7 DAYS PRIOR TO CAMP

Seven days prior to camp, please begin logging your camper's daily temperature.

Date:

Date:

Date:

Date:

Date:

Date:

Date:

☐

My camper has been without a fever for seven days (initial box).

SYMPTOM FREE

Please check all that apply to your camper

☐

Fever above 100

☐

Shaking with Chills

☐

Loss of Taste/Smell

☐

Headache

☐

Cough

☐

Muscle Pain

☐

Vomiting or Diarrhea

☐

Known contact with Covid-19

☐

Chills

☐

Shortness of Breath

☐

Sore Throat

☐

Rash

☐

My camper has been symptom free in the past 14 days (initial box).

PRE-EXISTING CONDITIONS

Please check all that apply to your camper

☐

Diabetes

☐

Respiratory Disease/Asthma

☐

Immunocompromised

☐

Cardiovascular Disease

Children with pre-existing conditions are at an increased risk of severe illness due to Covid-19. I have consulted with my child's pediatrician and I understand that my child is at an increased risk due to his/her pre-existing condition.

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I understand the risk associated with pre-existing conditions and Covid-19 (initial box)

HISTORY PRIOR TO CAMP

Please check all that apply to your camper

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Diagnosed with Covid-19

☐

Close contact with an individual diagnosed with Covid-19

☐

Traveled through or from a city currently requiring self-quarantine

☐

Has a family member self-quarantining

☐

I attest that I have answered this truthfully (initial box).

CONSENT

The health of our campers, families and staff is our first priority. We want to do our very best to lessen the risk your child and family have while still experiencing the wonder and joy of Vista Camps. We will be working diligently to increase our cleaning procedures throughout camp from the dining hall to cabins to activity areas. We will be adding additional measures to our programming, training, staffing, nursing protocols and facilities to prevent the spread of Covid-19. Additionally, we will continue to monitor CDC, local and State Health Department guidance to adapt and modify our practices to best suit the needs and health of your campers.

Ultimately, the choice for your child to attend summer camp is a personal one. If you are uncomfortable with the risks of COVID-19 in a summer camp setting, having to travel to camp, or having your child interact with our staff and other campers, we have several options available to you, including a full refund or moving your child's term to Summer 2021.

If you have any questions regarding this form or are unsure of your plans please call (830)367-5353

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I attest that my answers in this Health Screening form are truthful regarding the health of my camper.

PARENT PRINTED NAME: _____

PARENT SIGNATURE: _____