



Cheerio on the New River Opening Day Check In 2024

Camper Name _____ Cabin _____ Session _____

Please print this form and complete it on the day your child is arriving at Camp.

1. Temperature prior to leaving home today? _____
2. Have you tested positive for Covid or Flu in the past 10 days? _____ Yes _____ No
3. Exhibited any symptoms of Covid or Flu in the past 10 days? _____ Yes _____ No
 - a. Fever exceeding 100.4
 - b. Cough
 - c. Difficulty Breathing
 - d. Headache
- If yes, explain _____
4. History of exposure to communicable diseases? _____ Yes _____ No
5. Signs/Symptoms of illness or injury upon arrival at Camp? _____ Yes _____ No
6. Rash, wounds, lesions on body? _____ Yes _____ No
7. Tick Bite in the past 14 Days? _____ Yes _____ No
 - a. When _____
 - b. Body Part _____
 - c. Attached? _____
8. Exposure to or treated for head lice in the past 14 days? _____ Yes _____ No
9. Medications you are not checking with the Health Staff? _____ Yes _____ No
10. Additions/Corrections to Health Form? _____ Yes _____ No
If yes, explain _____
11. Have you uploaded your physicians exam to CampInTouch? _____ Yes _____ No
**If you haven't, please upload it or bring a physical copy. Please make sure it is signed.*

Parent/Guardian Signature _____ Date _____

Camp has over the counter medications available. Please double check page five of the Health Form in CampInTouch to give permissions for OTC medicines. No medicine of any kind can be in Camper Cabins.
Check in Camper/CIT Medicine with the nurses in their original prescription containers.

Staff use only:

Screened on _____ by _____