



Daily Health Screening Checklist

Please complete this checklist each morning BEFORE your camper leaves home for LifeSeeds Summer Camp. THIS DOES NOT HAVE TO BE TURNED IN TO CAMP - FOR REFERENCE ONLY.

PART 1

Has your child been in close contact with anyone who tested positive for COVID-19 or was diagnosed with COVID-19 in the last 14 days?

Has your child been diagnosed with COVID-19 by a healthcare provider in the last 10 days?

Has your child developed any of the following symptoms within the past 24 hours?

- Fever, Vomiting or Diarrhea
- Cough
- Shortness of breath/trouble breathing
- Loss of sense of taste or smell



Has your child taken medication in the past 24hrs to lower temperature (i.e. Tylenol, ibuprofen)

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

If you answered **YES** to any questions in Part 1, your child **CANNOT** attend camp.

Notify LifeSeeds Summer Camp of your child’s symptoms, diagnosis, or contact with a COVID-19 case via

If **NO** to all questions in Part 1, proceed to Part 2.

PART 2

Has your child developed any of the following symptoms within the past 24 hours?

- Sore throat
- Abnormal fatigue
- Nausea
- Runny nose or nasal congestion
- Headache
- Muscle or body ache
- Rash



YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

If you answered **YES** to **two or MORE** questions in Part 2, your child **CANNOT** attend

camp and you must notify LifeSeeds Summer Camp of your child’s symptoms by proceeding to the Google Form.

If **YES** to **one or less** of the symptoms listed in Part 2, the child **MAY** attend camp at the parents’ discretion.

While COVID-19 may cause mild to moderate symptoms in many children, if your child begins to exhibit any of the following emergency warning signs for COVID-19, seek medical attention immediately: **trouble breathing, persistent pain or pressure in the chest, new confusion or inability to be woken up, bluish lips or face.**

Please call your medical provider for any other symptoms that are severe or concerning to you.