

Camp Buckner Camper Health Status Assessment

Camper's Name: _____

Date's to Attend Camp Buckner: _____

If Camper is a Minor, Parent/Guardian's Name: _____

Emergency Contact Number: _____

In the last five (5) days has the camper had:

- | | |
|---------------------------------|--|
| 1. Fever (100° or greater)? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Sore throat? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Cough? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Body chills and/or achiness? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. Diarrhea and/or vomiting? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Has the camper been exposed to anyone with any of the above listed symptoms in the past five (5) days? YES NO

On the day of camp please take the camper's temperature and assess their health condition prior to letting them board the transportation to camp. On the day of camp, does the camper have:

- | | |
|--|--|
| 1. Fever (100° or greater)? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| What is the camper's temperature on the day of camp? _____ | |
| 2. Sore throat? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Cough? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Body chills and/or achiness? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. Diarrhea and/or vomiting? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

If you checked "YES" for fever AND one or more of the other symptoms, you must keep the camper at home because of an influenza-like illness. Any camper with influenza-like symptoms must not board transportation to Camp or enter Camp Buckner's facilities in order to prevent the spread of the H1N1 virus, commonly referred to as Swine Flu. Current recommendation is to remain home for seven (7) days after symptoms start, even if no longer ill. If you have questions about the camper's health or symptoms, you should contact a healthcare provider for more information.

If the camper begins exhibiting any of the above listed symptoms while at Camp Buckner, you will be immediately notified and you will need to make the necessary arrangements to pick the camper up from Camp within 24 hours of notification in order to help prevent the spread of the virus. Once you are notified you will have the option to request that we send the camper to the nearest health care clinic to receive care by a physician at your own expense. **Camp Buckner will not be responsible for providing health care to campers while at Camp Buckner.**

Signature of Parent/Guardian, If Minor

Date

Signature of Camper, if age 18 or older

Date