

DAILY HEALTH SCREENING FORM

Date: _____

Camper Name: _____ [please print]

The novel coronavirus, COVID-19, is extremely contagious and is believed to spread mainly through person-to-person contact.

Popcorn LLC is pleased to provide important recreational and development opportunities for youth and families in our region in a safe manner that meets all applicable safety requirements and guidance. To that end, we ask that you complete the following COVID-19 Screening daily before bringing your camper to camp.

Please check and verify the following symptoms and indicate in the boxes next to each one.

Please answer – Does your camper have this symptom:

- A cough
- Shortness of breath or difficulty breathing
- A fever of 100.4°F or higher or a sense of having a fever
- A sore throat
- Chills
- New loss of taste or smell
- Muscle or body aches
- Nausea/vomiting/diarrhea
- Congestion/running nose – not related to seasonal allergies
- Unusual fatigue

Please answer the following questions:

Does anyone in your household have any of the above symptoms?

Has your student been in close contact with anyone with suspected or confirmed COVID-19?

Has your student had any medication to reduce a fever before coming to school?

BRING THIS WITH YOU EACH MORNING FOR DROPOFF. STAFF WILL VERIFY TEMPERATURES ARE BELOW 100.4°F USING A NO-TOUCH THERMOMETER.

I am authorized to execute this document as parent / guardian to the listed camper and I verify the information provided is correct.

Name [Please Print] Signature