

BEULAH BEACH PRE-CAMP QUESTIONNAIRE

We are grateful for your partnership with us to provide a safe and healthy environment this summer at Beulah Beach. **This form is required for check-in at Beulah Beach Camps and should be completed before your child's arrival at Beulah Beach.**

Prior to campers arrival, Beulah Beach recommends each camper limits exposure to non-family members, wearing a facial covering around non-family members, avoiding large crowds/gatherings, and limiting unnecessary travel.

Name: _____ Camp/Session: _____

Parent/Guardian: _____ Phone: _____

Date/Time: _____

HEALTH CHECKS

As part of your partnership with Beulah Beach, we ask for you to record your child's temperature for seven (7) days prior to his or her arrival to camp. We recommend you check and record your child's temperature at the same time each day.

Has your child had a temperature over 100 degrees in the past (7) days? Yes or No

Has your child been sick or exhibited any of the following symptoms in the past (7) days?
Check any symptoms that apply.

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Chills |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Sore Throat |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Muscle Pain |
| <input type="checkbox"/> Loss of Taste | |

**PARENT/GUARDIAN
INITIAL HERE**

I verify I have answered these questions truthfully _____

COVID-19

Has your child been tested for COVID-19? Yes or No

If "YES" (Proceed to next question)

Has your child tested positive for COVID-19? Yes or No

If "YES" Date of initial positive test :__/__/____ (Proceed to next question)

Is the positive-tested child now symptom free and has he/she served the 10-day quarantine?

Yes or No

If "YES" what was the quarantine end date :__/__/____

Individuals who have tested positive for COVID-19 prior will be able to participate at camp as long as they are symptom free and have served the 10-day quarantine.

**PARENT/GUARDIAN
INITIAL HERE**

I verify I have answered these questions truthfully _____

PRE-EXISTING ILLNESS

Check any that apply to your camper:

- Cardiovascular disease
- Diabetes
- Respiratory disease (including asthma)
- Immunocompromised

Individuals with preexisting conditions are at an increased risk of severe illness if COVID-19 is contracted. I understand that my child's pre-existing illness increases the implied risk of COVID-19.

**PARENT/GUARDIAN
INITIAL HERE**

I understand the implied risk of pre-existing illness _____

CONTACT HISTORY

Check any that apply to your camper:

- Camper has had close contact with someone who has been exposed to or diagnosed with COVID-19 in the last 14 days.
- Camper has a household member currently on a watch list for COVID-19 exposure.

**PARENT/GUARDIAN
INITIAL HERE**

I verify I have answered this question truthfully _____

If you've answered **YES** or to any of the questions on this form or checked any of the boxes (except for pre-existing illnesses), please contact Scott Skiles at 440-967-4861 or sskiles@bbeach.org **PRIOR** to your camp.

The health and safety of our campers is our #1 priority. In light of the COVID-19 pandemic, we think it is important that you understand our efforts to manage your campers health and safety so that you can make an informed decision. We are focused on taking all reasonable measures to prevent the spread of COVID-19 at Beulah Beach. We have strengthened our standard cleaning procedures, while adding increased frequency measures for things such as wiping down common touch points, dining hall areas, and activity equipment. Additionally, we have taken measures to monitor and address symptomatic campers by introducing this pre-camp health screener, daily temperature checks, and protocols to isolate, confirm, respond, and remove any camper or staff with suspected COVID-19. You can view more measures we're taking by visiting bbeach.org/health. This situation continues to change daily, and as such, we will adapt and adjust our protocols and procedures as we follow the guidance provided by the CDC and the Erie County Health Department, in our efforts to help keep our campers, staff, and guests safe. Ultimately, the choice for your child to attend camp is a personal one, and you are in control. If you are uncomfortable with the risks of COVID-19 in a camp setting, having to travel to Beulah Beach, or having your child interact with our staff and other campers, we hope that you will continue to partner with us in prayer!

FOR OFFICE USE ONLY

Temperature upon check in: Temp: _____ Date: _____ Time: _____

***No temperature over 100 degrees will be permitted to camp.**