

COVID-19 “At-Risk” Camp Participant Statement

MUST BE COMPLETED AND BROUGHT TO CAMP

Name _____ Unit Type & Number _____

Your safety and the safety of all our members, volunteers, and employees is the Circle Ten Councils top priority. While there is still much uncertainty regarding COVID 19, we are monitoring the information provided by health experts and government agencies to help keep safe those who choose to come to camp this summer.

Our council leaders continue to coordinate with state and local health departments to ensure we are informed of and comply with their guidance to mitigate the risks COVID-19 being contracted at camp.

Our mitigation plan includes:

- Pre-attendance education,
- Health screening conducted by your unit prior to travel to our camp, including a temperature check.
- Health screening upon your arrival at camp conducted by our camp health officers, which will also include a temperature check.
 - Note: should anyone in the unit not pass the arrival screening, the entire unit will not be allowed to enter camp.
- Limitations on visitors in camp.
 - All visitors will be screen upon arrival before entry to camp.
- Hygiene reminders while at camp.
- Extra handwashing /sanitizer stations throughout camp.
- Dedicated staff to clean and disinfect high-touch surfaces and shared program equipment.
- An emergency response plan that includes an isolation and quarantine protocol should a person at camp develop symptoms of COVID-19 or other communicable disease.
- Check-ins with each unit one week and two weeks after the unit leaves camp to determine if any participants have developed symptoms.

These precautions are important, but these efforts cannot eliminate the potential for exposure to COVID-19 or any other illness while at camp. Experts have said that people with COVID-19 may show no signs or symptoms of illness, but can still spread the virus, and people may be contagious before their symptoms occur. The fact is that someone with COVID-19 may pass the required health screenings and be allowed into camp.

We also know the very nature of camp makes social distancing difficult in many situations and impossible in others.

Information from the [Centers for Disease Control and Prevention \(CDC\)](#) states that older adults and people of any age who have serious underlying medical conditions are at higher risk for severe illness from COVID-19. *If you are in this group, please ensure you have approval from your health care provider prior to attending camp.*

Every staff member, volunteer, and Scouting family must evaluate their unique circumstances and make an informed decision before attending camp. We hope this information will be helpful as you make that choice.

Signature of Parent / Guardian /Adult

Date

COVID-19 Pre-Event Medical Screening Checklist

Use this checklist to assist in identifying potential COVID-19 cases before event participation.

Review with each youth and adult participant their current health status, both before departure and upon arrival at the event. **Anyone entering a camp or event – including visitors, vendors, etc. – must be screened.**

Councils should customize with input from their council health supervisor and local health department.

- Yes No Have you or has anyone in your household been in [close contact*](#) in the past 14 days with anyone known or suspected to have COVID-19 or is otherwise sick?
- Yes No Have you or has anyone in your household been in [close contact*](#) with anyone who has been tested for COVID-19 and is waiting for results?
- Yes No Have you or has anyone in your household been sick in the past 14 days, or have you or they been tested for any illness and are waiting for results?
- Yes No Has anyone in your household been exposed to an individual known or suspected to have COVID-19 in the past 14 days?
- Yes No Have you or has anyone you have been in [close contact*](#) with traveled on a cruise ship or internationally or to an area with a known communicable disease outbreak in the past 14 days?

***According to the Centers for Disease Control and Prevention (CDC), “close contact” means:**

- You were within 6 feet of someone who has COVID-19 for a cumulative total of 15 minutes or more over a 24-hour period
- You had direct physical contact with an infected person (hugged or kissed them)
- You shared eating or drinking utensils
- An infected person sneezed, coughed, or otherwise got respiratory droplets on you

If the answer is YES to any one of the five questions above, the participant must stay home.

If all answers above are NO, proceed to the symptoms list below.

Symptoms of COVID-19

*If anyone in your household has **any one** of the following new or worsening signs or symptoms of possible COVID-19, the entire household must stay home.*

- Shortness of breath**
- Cough**
- Fever of 100.0° or greater**
- Flu-like symptoms**
- Repeated shaking with chills**
- Fatigue**
- Muscle or body aches**
- Headache**
- Sore throat**
- Loss of taste or smell**
- Diarrhea**
- Nausea or vomiting**

****Potential Higher-Risk Individuals****

- Yes No Are you in a higher-risk category as defined by the [CDC guidelines](#), including older adults, people with medical conditions, and those with other individual circumstances?

If the answer is “yes,” we recommend that you stay home.

Should you choose to participate, you must have approval from your health care provider.