



**Camp Betsey Cox and Camp Sangamon
COVID-19 Health History Addendum**



Will your camper have completed a COVID-19 vaccine series at least 14 days prior to arrival at camp? If yes, please provide the dates of your child’s vaccinations.

Yes _____ No _____ Dates of vaccinations _____

We will be bringing proof of a negative PCR test for our camper taken 3 days prior to opening day.

Yes _____ Exempt due to vaccination _____

COVID-19 Specific Health History:

Has your child been diagnosed with COVID-19 in the last 90 days? Yes _____ No _____

If yes, what was the date of your child’s diagnosis? _____

Was the diagnosis confirmed with a COVID-19 Test? Yes _____ No _____

If yes, please submit a copy of the test results to camp if the test was done within the last three months. We will need to determine if your camper will need to participate in the pre-camp testing cadence.

Has your child had any other illness within the last 6 months? Yes _____ No _____

If yes, name or type of illness: _____

Does your child have any other condition that may mimic the symptoms of COVID-19?

Yes _____ No _____

If yes, please explain: _____

If your child has a medical diagnosis that is considered high-risk or that could put them at increased risk of complications with COVID-19, please have your child evaluated by their provider and please send a note from your child’s doctor indicating that they are cleared to participate in camp.

I have reviewed, and I understand this Camp Betsey Cox and Camp Sangamon COVID-19 Health History Addendum.

Signature of parent/guardian

Date