

## Samoset Council COVID-19 “At-Risk” Camp Participant Statement

Your safety and the safety of all our members, volunteers, and employees is the 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.

First, our camp leadership, is coordinating 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 camp, including a temperature check.
- Health screening upon your arrival at camp conducted by our camp medical team, which will also include a temperature check. Note: should anyone in the vehicle not pass the arrival screening, the entire vehicle will not be allowed to enter camp.
- No visitors at camp this summer, including family camp.
- Extra handwashing /sanitizer stations throughout camp.
- Trained 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.

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 has to evaluate their unique circumstances and make an informed decision before attending camp. We hope this information will be helpful as you make that choice. Full refunds will be issued for any individual who decides not to attend and lets us know two weeks in advance of their camp session.

**We ask all campers to cooperate with all changes to camp this summer. Those campers who do not follow risk mitigation procedures will be asked to leave camp. The health and safety of our campers is our top priority.**

# CRYSTAL LAKE SCOUT RESERVATION PRE-CAMP MEDICAL CHECKLIST

The intent of this checklist is to review with each participant (youth and adult) their current health status both before departure and upon arrival at camp. Unit leaders should collect this form from all participants prior to departing for camp.

**All campers are required to submit this form upon arrival along with their health form.**

Camper Name: _____	Unit Number: _____
Address: _____	
Phone: _____	Email: _____
Council: _____	Name of Driver: _____

## Section 1: Recent Interactions

- | Yes | No  |   |
|-----|-----|---|
| ___ | ___ | Have you been in contact with anyone who has COVID-19 or is otherwise sick with a respiratory illness in the last 14 days?                      |
| ___ | ___ | Have you or anyone you have been in close contact with live, work, or travel in an area with a large outbreak of COVID-19 (known as a hotspot). |
| ___ | ___ | Are you or anyone you have been in close contact with under current advisement by public health to quarantine or self-isolate?                  |

**If the answer is yes to any of these questions, the participant must stay home.**

## Section 2: Health Screening

Have you or any of your immediate family had any of the following symptoms in the last 24 hours?

- | Yes | No  |                             |
|-----|-----|-----------------------------|
| ___ | ___ | Shortness of breath         |
| ___ | ___ | New or worsening dry cough  |
| ___ | ___ | Fever of 100.4 F or greater |
| ___ | ___ | Flu-like symptoms           |
| ___ | ___ | Vomiting                    |
| ___ | ___ | Diarrhea                    |

**If the answer is yes to any of the symptoms above, the participant must stay home.**

Have you or any of your immediate family had any of the following symptoms in the last 24 hours?

- | Yes | No  |   |
|-----|-----|---|
| ___ | ___ | Cough                                       |
| ___ | ___ | Unexplained extreme fatigue or muscle aches |
| ___ | ___ | Rash  |
| ___ | ___ | Sore throat                                 |
| ___ | ___ | Open sore                                   |

**If the answer is yes to any two of the symptoms above, the participant must stay home.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*By signing above, I am acknowledging I have read the risk statement on page 1*