



**COVID-19 PUBLIC HEALTH EMERGENCY
ACKNOWLEDGMENT AND DISCLOSURE FOR PARENTS/GUARDIANS OF
CAMPERS ENROLLED AT CAMP GARRETT**

Please read and initial each statement below.

1. _____ I understand that upon arrival, the adult dropping off my camper(s) will accompany them to the Pavilion where all campers and adults present will have their temperatures taken. If anyone has a temperature of 100.4 degrees or above, my child(ren) will not be permitted to attend camp until a doctor's clearance is provided to administration. Furthermore, my child's temperature will be taken throughout the day while on facility premises.

2. _____ I understand that I am not permitted to enter Garrett Williamson buildings. IF there is an emergency requiring me to enter the facility I MUST wash my hands with soap and water or hand sanitizer before entering and wear a mask. While in the facility, I must practice social distancing and remain 6ft from all other people, except for my own child.

3. _____ I understand that to attend Camp Garrett my child and **all members of my household** must be free from COVID-19 symptoms. I understand that if anyone in my household has symptoms of COVID-19, all children of the family who attend Camp Garrett must quarantine for 14 days, or until we receive a doctor's note clearing them to return. If, during the day, any of the following symptoms appear or those of any other contagious illness, my child will be removed from their group and made comfortable in a separate area until being picked up from the facility. I will be contacted, and my child MUST be picked up from the facility within 60 minutes of being notified. I agree to inform emergency contacts of the one-hour pickup requirement.

Symptoms include: • Fever of 100.4 degrees Fahrenheit or higher

- Dry cough
- Shortness of breath
- Chills
- Loss of taste or smell
- Sore throat
- Muscle aches
- Rash of an unknown origin
- Diarrhea

While we understand that many of these symptoms can also be related to non-COVID-19 related issues we must proceed with an abundance of caution during this Public Health Emergency. **These symptoms typically appear 2-14 days after exposure to the virus so please take them seriously.** Your child will need to be symptom free without any medications for 72 hours and a doctor's clearance and/or any recommended testing may be required before returning to the facility, at the sole discretion of Camp Garrett.



4. _____ All campers will wear masks, whenever feasible, while **inside** the facility except when eating or drinking and **outside if social distancing is not possible**. If my child is unwilling/unable to wear a mask, he/she will not be forced to do so.

5. _____ I understand that my child will be required to wash their hands using CDC recommended handwashing procedures throughout the day using warm running water and rubbing with soap for at least 20 seconds.

6. _____ I understand that outside of camp, in order to control my child's exposure in the community, I will comply with any and all CDC recommendations, state and local restrictions and recommendations regarding limiting/reducing my risk and my child's risk for exposure including wearing a mask in all public areas, when feasible, and remaining 6ft from all other people. In addition, I will try, to the best of my ability, to avoid unnecessary indoor gatherings/events.

7. _____ I will immediately notify the Camp Garrett directors if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed in Number 3 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19.

8. _____ I understand that while at camp each day my child will be in contact with children, families and other employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.



I, _____ certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by Camp Garrett will result in termination of services. I acknowledge that my child's place at Camp Garrett will be terminated if it is determined that my actions, or lack of action unnecessarily exposes another employee, child, or their family member to COVID-19.

Child's Name: _____

DOB: _____

Parent/Guardian Name: _____

Parent/Guardian #1 Signature (REQUIRED)

Date

Parent/Guardian Name: _____

Parent/Guardian #2 Signature (REQUIRED)

Date

Administration Witness

Date