

Camper/Volunteer/Leader Name \_\_\_\_\_

Camp session \_\_\_\_\_

## Silver Birch Ranch Pre-Camp Health Screening

This form must be completed prior to arrival and submitted upon arrival at the bus or camp check-in. If this form is not provided, you will not be allowed at SBR.

Please indicate if the individual has any of the following symptoms prior to arrival and record the temperature daily. If any fever or symptoms are present, please have the individual evaluated by a licensed provider and contact camp for further guidance-715-484-2742.

Cough

Shortness of breath

Difficulty breathing

Fever

Chills

Muscle pain

Sore throat

New loss of taste or smell

Nausea

Vomiting

Diarrhea

### Temperature Screening

Day/Date	1 Date:	2 Date:	3 Date:	4 Date:	5 Date:	6 Date:	7-First day of camp
TEMP:							

*Our signatures indicate that this health screening was completed daily for 7 days leading up to the camp session. I confirm that no one in our household has been ill in the 7 days prior to arrival. (If you have questions about a household illness, please contact camp for further guidance-715-484-2742) We understand that arriving to camp healthy is vital to all campers, leaders, volunteers, and staff.*

Parent/Guardian Name-Printed (for those under 18) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Camper/Volunteer/Leader Name-Printed \_\_\_\_\_

Camper/Volunteer/Leader Signature \_\_\_\_\_ Date \_\_\_\_\_