



South Mountain YMCA Camps
 Bynden Wood Day Camp
 Camp Conrad Weiser
 The Outdoor Center



Camper Pre-Arrival Health Check-in Form

Instructions: This form must be completed by a parent/guardian before arriving at camp. If you answer **YES** to any illness related question, please contact the nurse ASAP at nurse@smyymca.org or 610-670-2267 x229. Failure to do so may result in campers not being allowed to come to camp. This form shall be completed within 72 hrs. of arrival at the camp to help monitor illness and reduce any spread at camp.

Camper Information

Camper Name: _____
 Date of Birth: _____
 Camp Session / Arrival Date: _____

Parent/Guardian Information

Parent/Guardian Name: _____
 Phone Number: _____
 Email Address: _____

Health Screening:

In the past 7 days, has your camper had any of the following symptoms:

SYMPTOMS:	YES	NO
Fever (100.4°F / 38°C)		
If yes, when was the last time medication was given:		
Chills or body aches		
Cough		
Runny or stuffy nose; not related to allergies		
Shortness of breath or difficulty breathing		
Sore throat		
Vomiting		
Diarrhea		
Nausea or abdominal pain		
Headache (new or severe)		
Rash or unexplained skin lesions		
Red or draining eyes		
Any other illness or symptom:		
If yes to any of above, please explain:		

Communicable Disease Exposure:		
	YES	NO
Has your camper been diagnosed with a contagious illness in the past 14 days? (ie flu, COVID-19, strep throat, hand-foot-mouth, norovirus, etc.)		
Has your camper had close contact with someone who was sick with a contagious illness in the last 14 days?		
If yes to any above, please explain (illness, date, treatment, outcome):		

Current Health Status:		
	YES	NO
Does your camper feel well enough to participate in camp activities?		
Is your camper taking antibiotics or medication for acute illness?		
If yes, have you included the medications on the camper's health form?		
If yes, please explain illness and treatment:		

Health Attestation:

I certify the information provided above is accurate to the best of my knowledge. I understand that campers who arrive ill or develop symptoms may be isolated and/or sent home per camp health policy.

Parent/Guardian Signature: _____

Date: _____

The following portion will be filled out by the Health Officer prior to lice check.

CHECK-IN SYMPTOMS:	
Current Temperature:	
If >100, oral temperature:	
Cough?	
Runny nose or sniffing?	
Sore throat?	
Headache?	
Obvious rash?	
Red eyes or drainage?	

Health Officer Signature: _____

Camp Nurse Signature: _____