

**SUMMER CAMP**  
**CONSENT FORM FOR TEMPERATURE AND HEALTH SCREENING**

Carrollwood Day School places the highest priority on the health and safety of the Carrollwood Day School community.

I understand that my child's temperature will be taken by Carrollwood Day School as a condition of my child's attendance at Carrollwood Day School's *Summer Camp* and *Enrichment Camp*. I also understand that Carrollwood Day School may ask other health screening questions related to COVID-19 as a condition of my child's attendance at Carrollwood Day School's *Summer Camp* and *Enrichment Camp*.

By signing this ***Consent Form for Temperature and Health Screening***, I acknowledge and give consent for my child to have his/her temperature taken by Carrollwood Day School, and agree to allow Carrollwood Day School to ask other health screening questions related to COVID-19. I agree that Carrollwood Day School may collect child's medical information during that process.

I acknowledge that the temperature screening and other health screening questions related to COVID-19 are being conducted to protect the health and safety of my child and the Carrollwood Day School community.

If I refuse to consent to the temperature screening and health screening questions related to COVID-19 of my child, I understand that my child will be unable to attend Carrollwood Day School's *Summer Camp* and *Enrichment Camp*.

If my child has any COVID-19 symptoms or has a temperature outside of the normal range, I understand and acknowledge that my child will be unable to attend Carrollwood Day School's *Summer Camp* and *Enrichment Camp*.

I acknowledge that this ***Consent Form for Temperature and Health Screening*** is in effect while my child is attending Carrollwood Day School's *Summer Camp* and *Enrichment Camp*.

\_\_\_\_\_  
Print Child Name

\_\_\_\_\_  
Print Parent or Legal Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Signature