



COVID-19 DAILY HEALTH FORM

Has your child/children had any signs or symptoms of a fever in the past 24 hours such as chills, sweats, felt "feverish" or had a temperature that is elevated (100.0°F or greater?)

Yes No

Does your child/children have any of the following symptoms?

- Cough
- Shortness of Breath or Chest Tightness
- Sore Throat
- Nasal Congestion/Runny Nose
- Myalgia (Body Aches)
- Loss of Taste and/or Smell
- Diarrhea
- Nausea
- Vomiting
- Fever/Chills/Sweats
- Fatigue
- Persistent Headaches

Yes No

If you answered "Yes" to either of these questions, you must contact the Summer Programs office at 704-887-7006 prior to bringing your child to camp.

By signing this form, I agree that my child/children are in good health and are not exhibiting symptoms related to illness caused by COVID-19.

Name (please print): _____

Signature: _____

Date: _____