DUE ON THE FIRST DAY OF CAMP

PROVIDENCE DAY SUMMER PROGRAMS COVID-19 HEALTH CHECK AND RISK RELEASE FORM

Providence Day School has put in place preventative measures to reduce the spread of COVID-19 (see https://summer.providenceday.org/health-safety); however, Providence Day School cannot guarantee that your child(ren) will not become infected with COVID-19. Further, participating in summer camps at Providence Day School could increase your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) may be exposed to or infected by COVID-19 by participating in the Providence Day School Summer Programs and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind) that I or my child(ren) may experience or incur in connection with my child(ren)'s participation in Providence Day's Summer Programs ("Claims"). On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless Providence Day School, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Providence Day School, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Providence Day Summer Program.

_____ _____

Signature of Parent or Legal Custodian **Date**

CAMPER HEALTH ATTESTATION

Names of Your Children (please print)	

On this day my children are not presenting any of the following symptoms of illness:

- Fever (temperature 100.0 or greater)
- Sore throat
- Cough (if your child has a chronic cough due to allergies or asthma, is the cough different from baseline)
- Difficulty breathing
- New loss of taste or smell
- Diarrhea or vomiting
- New onset of severe headache, especially with fever

Please initial each statement below:

_____ I agree that if my children develop any of the above symptoms at any time during the week of camp, I will contact the Camp Nurse immediately.

_____ If any of my children receives a positive COVID-19 diagnosis, I agree to keep my children home from camp and notify the Camp Nurse immediately.

_____ I attest that my children have not been in contact with someone who has tested positive for COVID-19 within the last 14 days.

_____ _____

Signature of Parent or Legal Custodian **Date**

5.19.21