

Eastminster COVID Assessment

This form is required for everyone attending camp

Camper Name _____

Eastminster Fall Retreat 2021

- I agree that I have not been exposed to my knowledge to COVID in the past 2 weeks.
- I agree that I have not run a fever to my knowledge in the past 2 weeks.
- I agree that I have not had any cold or COVID symptoms for the last 2 weeks.
- I agree that I am currently cold and COVID symptom free right now.
- I agree to notify the health room of camp administration if I start to feel cold symptoms while at Westminster Woods.
- I agree to notify Westminster Woods if I (or my camper) become ill within 72 hours of leaving camp.

Parent Signature

Date