



HEALTH STATUS

DO NOT TURN IN PRIOR TO DEPARTURE DAY

IMPORTANT: COMPLETE THIS FORM WITHIN 24 HOURS OF DEPARTURE AND BRING THE DAY OF DEPARTURE

CAMPER INFORMATION

CAMPER NAME	DATE	/	/
-------------	------	---	---

Has the camper experienced or been exposed to any of the following health conditions in the week before camp?

- A) Skin rashes or lesions, including athlete's foot YES NO
- B) Cold, flu, or COVID 19 YES NO
- C) Fever or sore throat YES NO
- D) Eye irritations or drainage YES NO
- E) Limitations in movement or walking YES NO

If you answered "YES" to any of the above, please explain:

IF A CONTAGIOUS MEDICAL CONDITION IS DISCOVERED, YOU WILL BE REQUIRED TO PICK UP YOUR CHILD FROM CAMP WITHIN 8-HOURS OF NOTIFICATION.



DO NOT TURN IN PRIOR TO DEPARTURE DAY

HEAD LICE POLICY

It is the Friends of Camp Concord and Camp Concord’s policy not to treat children with head lice and/or nits at camp. Parents/guardians are given sufficient notice of this during the registration process, and are asked to sign a confirmation slip stating that their child will be screened for head lice and nits (within 48 hours of arrival at camp).

It is the parent’s/guardian’s responsibility to check their child for head lice and/or nits within 48 hours prior to departure. If it is discovered that a camper has head lice and/or nits at camp, the parents/guardians are responsible to provide their own transportation to Camp Concord, South Lake Tahoe, to pick up their child that same evening.

CONFIRMATION SLIP

I (parent/guardian) _____, have read and understand the Head Lice Policy required for participation in the Friends of Camp Concord Youth Camp at Camp Concord. My signature below certifies that my child has been thoroughly checked for head lice and/or nits by myself or a health professional within 24 hours of my child boarding the bus or arriving at camp. If head lice and/or nits are discovered, I will be notified to pick up my child from Camp Concord in South Lake Tahoe within 8-hours of notification.

PARENT/GUARDIAN(S) PRINT NAME

X _____ / ____ / ____
PARENT/GUARDIAN(S) SIGNATURE DATE