

**Every day for ten days prior to arriving at camp, Girl Scouts of Middle Tennessee requires all families to take your camper's temperature, monitor for symptoms, and report if any person in your immediate household has been exposed to COVID-19.** Health Officers will follow-up with campers who report symptoms, a fever, or exposure.

### Camper Information

Camper Full Name: \_\_\_\_\_ Camper Preferred Name: \_\_\_\_\_

Camp Theme/Program Name: \_\_\_\_\_ Program Dates: \_\_\_\_\_

### Daily Pre-Screening

Date	Temperature <i>(circle either Fahrenheit or Celsius)</i>	Please select all COVID-19 symptoms you're experiencing at this time.
		<input type="checkbox"/> none <input type="checkbox"/> fever or chills <input type="checkbox"/> cough <input type="checkbox"/> shortness of breath or difficulty breathing <input type="checkbox"/> fatigue <input type="checkbox"/> headache <input type="checkbox"/> muscle or body aches <input type="checkbox"/> other _____
		<input type="checkbox"/> none <input type="checkbox"/> fever or chills <input type="checkbox"/> cough <input type="checkbox"/> shortness of breath or difficulty breathing <input type="checkbox"/> fatigue <input type="checkbox"/> headache <input type="checkbox"/> muscle or body aches <input type="checkbox"/> other _____
		<input type="checkbox"/> none <input type="checkbox"/> fever or chills <input type="checkbox"/> cough <input type="checkbox"/> shortness of breath or difficulty breathing <input type="checkbox"/> fatigue <input type="checkbox"/> headache <input type="checkbox"/> muscle or body aches <input type="checkbox"/> other _____
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### Parent/Guardian Signature Authorization

**I have accurately completed every section of this form to the best of my ability.**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_