

Please print this form (BOTH SIDES), fill it out and bring to your camper's first day of camp.

Destination Science Camper Health History Form

To Parents/Guardians: We are so excited to have your child join us for a week of hands-on science. To ensure the health, safety, and success of your child while at camp, please complete this **required form** and turn it in to your child's Teacher on the first day of camp. If you have any questions give us a call at 714-289-9100. Thank you! –The Destination Science Team

Camp Location (City): _____ Date(s) _____

Camper First Name

Last Name

DOB (MM/DD/YYYY)

Camper's Street Address

City

State

Zip Code

Parent/Guardian First Name

Last Name

Relationship to Camper

Cell Phone Number

Emergency Contact First Name

Last Name

Relationship to Camper

Preferred Phone Number

Allergies

Does your child have any known allergies? YES NO LIST ALLERGIES:

If allergic, what are his/her symptoms?

If allergic, what is the action plan for reaction?

Does your child carry an EpiPen? YES NO ****If yes, please show staff the location of EpiPen & write location here:**

Restrictions

YES NO I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations: (please describe below)

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All immunizations required for school are up to date: YES NO

Date of last tetanus shot (MM/YYYY): _____

Date of MMR vaccine (measles) (MM/YYYY): _____

Mental, Emotional, and Social Health

YES NO Does your child have any current physical, mental emotional, social, or developmental conditions that require medication, treatment, or special restrictions or considerations while at camp? IF YES, please explain below and discuss with the teacher at camp.

Parent/Guardian Authorization

This health history is correct and accurately reflects the health status of the camper. The person described has permission to participate in all camp activities except as noted by me and/or physician. If I cannot be reached in an emergency, I give my permission to the physician to provide necessary emergency care. I understand the information on this form will be shared on a "need to know" basis.

Please Print Parent/Guardian Name
(FN/LN)

Parent/Guardian Signature

Date

Relationship to the camper

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DESTINATION SCIENCE - COVID - 19 Shared Responsibility Commitment

Dear Parent/Guardian:

Destination Science is committed to providing a safe and healthy environment for campers & staff. For this to occur, there must be a shared responsibility between parents/guardians and Destination Science. We ask you to work in partnership with us in ensuring the health and safety of your camper and family while attending summer camp.

As the parent or guardian of your camper you agree to engage in a daily symptom check of your camper before signing them in to camp each morning.

Should your child become ill while at camp, it is your responsibility to arrange for immediate pick up of your child. Your child will wait in a safe designated isolated area until they can be transported home.

This shared responsibility commits each parent/guardian to the following:

Daily Symptom Check - PRIOR TO CAMP EACH DAY, I COMMIT TO THE FOLLOWING CHECKS: _____

Parents will keep their child at home if they have any of the following symptoms of COVID - 19:

- Temperature of 100.4 degrees or higher
- Cough
- Shortness of breath or difficulty breathing
- Sore throat
- Chills
- Congestion or runny nose
- Muscle pain or body aches
- Fatigue
- Diarrhea
- Nausea and Vomiting
- Headache
- New loss of taste or smell
- They have been exposed to COVID-19 in the last 14 days

Child's Printed Name

Parent/Guardian Printed Name

Camp Dates Child is Attending DS

Parent/Guardian Signature

Camp Location: _____

- Parents will contact the Destination Science Office to notify us of their child's symptoms. Call: 888.909.2822 or email info@destinationsscience.org
- Parents are encouraged to contact a healthcare provider and have their child tested for COVID-19 if instructed. Once tested, they will notify the office that a COVID-19 test was administered.
- If a COVID - 19 test is administered, a healthcare provider's clearance must be provided in order for their camper to return to camp.