

COVID 19 BULLETIN

We are pleased to announce that Creation Arts Camp will be happening at Camp Suwannee.

We will have standard sanitizing practices in place as well as other safety measures in order to promote good hygiene and safety for all campers and staff.

Masks will be required in closed settings but also must be available at all times.

On the first day of camp, we will do the following:

- Direct you to a Pre-Screening area to wait to be screened!
- Everyone will be screened and have their temperature taken before entering the building!
- Each parent/Guardian will fill out a screening questionnaire for each camper!
- If each person passes the screening process, they may proceed to their class.

We strongly suggest that if you have any doubts or fears or your child in any way feels less than 100% healthy, keep your child home!

Dear Camper Families,

In an effort to minimize illness at camp, we ask that you check on the health of your camper daily beginning 14 days prior to camp. Below is an example of the Pre-screening Health Form that will be filled out upon arrival to Creation Arts Camp this summer for every camper and accompanying adult prior to being admitted to the registration/check-in area. Please review this form so that you may check on the health status of your camper prior to arrival.

SAMPLE

Camper: _____

Camp: Senior Junior
Ages: (13-18) (7-12)



Pre-Screening Health Form

1. Temperature check at arrival. _____

2. Please answer the following questions with a Yes or No.

Yes No Have you or has anyone in your household been in close contact* in the past 14 days with anyone known or suspected to have COVID-19 or is otherwise sick?

Yes No Have you or has anyone in your household been sick in the past 14 days, or have you or they been tested for any illness and are waiting for results?

Yes No Have you or has anyone you have been in close contact* with traveled on a cruise ship or internationally or to an area with a known communicable disease outbreak in the past 14

***According to the Centers for Disease Control and Prevention (CDC), "close contact" means:**

- You were within 6 feet of someone who has COVID-19 for a cumulative total of 15 minutes or more over a 24-hour period
- You had direct physical contact with an infected person
- You shared eating or drinking utensils
- An infected person sneezed, coughed, or otherwise got respiratory droplets on you

**If the answer is YES to any one of the three questions above, the participant must stay home.
If all answers above are NO, proceed to the symptoms list below.**

3. In the past 14 days prior to camp have you had any of the following **COVID-19 symptoms**?

- | | |
|---|---|
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Cough |
| <input type="checkbox"/> Flu-like symptoms | <input type="checkbox"/> Fever of 100.4° or greater |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Muscle or body aches |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Loss of taste or smell | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Nausea or vomiting | <input type="checkbox"/> Repeated shaking with chills |

If the answer is YES to any one of the symptoms above, the participant must stay home.

Creations Art Camp 2021

The Village Church at Camp Suwannee

June 14-18; 9:00am – 12:00pm; Doors open at 8:30am

Contact: Traci Nissley 386-658-5344 or tnissley@acvillage.net

Applications may be emailed to Traci Nissley

or mailed to The Village Church P.O. Box 4314 Dowling Park, FL 32064

CHILD'S NAME _____

GRADE COMPLETED _____ BIRTHDAY _____ AGE _____

PARENT'S NAME _____

HOME ADDRESS _____

HOME PHONE _____ ALTERNATE PHONE _____

PEOPLE WHO MAY PICK UP THE CHILD _____

CAC leaders have permission to photograph/film the minor(s) designated above in any manner or form for any lawful purpose associated with this camp.

PARENT NAME (PLEASE PRINT) _____

PARENT'S SIGNATURE _____

Last Name: _____, First Name: _____

Health Information

In case of emergency notify _____	Home Phone (____) ____ - _____
Relationship to camper _____	Work Phone (____) ____ - _____
Personal Physician _____	Phone (____) ____ - _____
Insurance Company _____	Policy # _____
Insurance Company Address _____	
List all medications required on a regular basis _____	
Allergies/Physical Restrictions _____	

If this camper has any medical or physical limitations that could restrict them from participating in any camp activities, an affidavit, signed by the camper's physician, must accompany this application in order for the camper to participate in any camp activities that could affect the campers physical condition.

For Medical Treatment: I understand that the Camp Director for the week is serving as the guardian of my child while attending camp and has my permission and support to act on my behalf. By signing below, I agree to hold the Florida Conference of Advent Christian Churches (FLCACC) or any employee or volunteers of said organization, harmless for any accidental injury to my child while participating in any and all camp programs. I also agree to hold them harmless if my child tests positive for COVID 19 after attending camp. I authorize the Camp Director for the week and/or weekly staff to consent to any and all x-rays, examinations, anesthetic, medical or surgical treatment and hospital care (including, but not limited to, intravenous solutions and/or blood transfusions), to be rendered to my child under general and specific supervision and of the advice of any physician or surgeon licensed to practice in the United States of America. I also agree to be financially responsible for any and all medical and/or surgical procedures rendered to my child. **I understand that my child must undergo a health check by the Camp Nurse before registration, and if anything of concern is found, options will be discussed before being allowed to proceed to registration.** I also understand that photographs of my child may be taken during camp and I give my permission for my child's photograph to be used in Camp Suwannee promotional material.

ALL APPLICATIONS MUST BE SIGNED BY THE Parent/Guardian

Print Name: _____
Signature: _____ Date _____

MEDICAL INSURANCE INFORMATION: *Please attach a copy of your insurance card to the back of this form. Copy both sides of the card so information is readable.*

Is this camper covered by family medical/hospital insurance? ____ Yes ____ No

Insurance Company Phone Number (____) _____

Some non-prescription medications may be stocked in the camp's Nurses Station and may be given to campers on as needed basis to manage illness and injury. *List any medications the camper should not be given (ie. Tylenol, Advil, Motrin, Sudafed, Robitussin, cough drops, Aloe Antibiotic cream, Kaopectate, Pepto-Bismol, Calamine lotion, etc.)* _____

MEDICATION

_____ This camper will **NOT** take any daily medications while attending camp.

_____ This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies.

*****Florida law requires original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp. *****

Last Name: _____, First Name: _____

General Health Information: Please fill out to the best of your ability

(Please circle all items that apply, past or present, to your health history. Explain all "Yes" answers.)

- | | | | |
|--|--------|--------------------------------------|--------|
| 1. Back Problems | YES NO | 14. Problems w/diarrhea/constipation | YES NO |
| 2. Heart Disease | YES NO | 15. High Blood Pressure | YES NO |
| 3. Contacts/glasses | YES NO | 16. History of Asthma? | YES NO |
| 4. Convulsions/Seizures | YES NO | 17. History of ADD or ADHD | YES NO |
| 5. Diabetes | YES NO | 18. History of Cancer/Leukemia? | YES NO |
| 6. Diagnosed with a heart murmur? | YES NO | 19. Kidney Disease | YES NO |
| 7. Ear infections | YES NO | 20. Menstrual Cramps | YES NO |
| 8. Joint Problems (knees, ankles etc.) | YES NO | 21. Migraine Headaches | YES NO |
| 9. Emotional disturbances | YES NO | 22. Motion sickness | YES NO |
| 10. Ever had a head injury | YES NO | 23. Fainting or Dizziness? | YES NO |
| 11. Ever been hospitalized? | YES NO | 24. Nose bleeding | YES NO |
| 12. Ever had surgery | YES NO | 25. Tested positive for COVID 19 | YES NO |
| 13. Hearing impairment | YES NO | 26. Had symptoms for COVID 19 | YES NO |

27. Skin problems (rash, itching etc.) YES NO
 28. Chronic or recurring illness/condition? YES NO
 29. Recent injury, illness or infectious disease? (within last 6 months)..... YES NO
 30. Had mononucleosis in the past 12 months? YES NO
 31. Hemophilia or other Bleeding Disorder? YES NO
 32. Other medical history not specified? YES NO
 33. Traveled outside of the United States in the past 9 months? YES NO

Please explain "Yes" answers in the space below, noting the number of the questions:

For travel outside the country, please name country(s) visited and dates of travel:

Immunizations: (Fill out the following portion of this form or attach a copy of the camper's immunizations record.)

	Year primary series completed	Year of last booster
Tetanus (DT, DTaP, Td or Tdap)		

Tuberculin Test Type: _____ Year Last Given: _____ Result: _____
 Date of Last Physical: _____ (MM/DD/YYYY)

MENTAL, SOCIAL, EMOTIONAL HEALTH: Circle or Check "Yes" or "No" for each statement.

Has/Does the camper:

- Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? _____ Yes/No
- Take medication for ADD or AD/HD during the school year that the camper does not/may not take during the summer? _____ Yes/No
- Take medication for ADD or AD/HD during the summer? _____ Yes/No
- Ever been treated for emotional or behavioral difficulties or an eating disorder? _____ Yes/No
- During the past 12 months, seen a professional to address mental/emotional health concerns? _____ Yes/No
- Had a significant life event that continues to affect the camper's life? _____ Yes/No
 (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, etc.)

Please explain "Yes" answers on the lines below, noting the number of the questions. The camp may contact you for additional information. _____