



ORINDA

P A R K S & R E C

Camp Participant Self Check-In Health Screening **(must be completed daily by parent/guardian)**

Spring Break Camp (March 29-April 2)

To help protect the community from COVID-19, please answer the following questions and email this form to: orindaparksandrec@cityoforinda.org prior to the start of camp each day.

Child's Name:

Name of Camp:

Date of Camp:

- Has your child(ren) been in contact with someone who has been exposed to COVID-19 in the last 14 days? YES NO
- Has your child(ren) experienced a fever within the last 72 hours? YES NO
- Has your child(ren) experienced any COVID-19 symptoms such as fever, cough or shortness of breath in the last 72 hours? YES NO

Parent/Guardian Signature: _____