



COVID-19 “At-Risk” Camp Participant Statement

Your safety and the safety of all our members, volunteers, and employees is the Sam Houston Area Council’s top priority. While there is still much uncertainty regarding COVID-19, we are monitoring the information provided by health experts and government agencies to help keep safe those who choose to come to camp this summer.

Our mitigation plan includes:

- Pre-attendance education,
- Health screening conducted by your family prior to travel to our camp, including a temperature check.
- Health screening upon your arrival at camp conducted by our camp health officers, which will also include a temperature check.
- Anyone displaying symptoms of COVID-19 will be not be allowed to stay at camp. They will be sent home.
- Scouts who begin to display symptoms of COVID-19 during the day will be separated from the rest of the class. A parent/unit leader will be notified and must come up to camp to pick the Scout up.
- Hygiene reminders while at camp.
- Handwashing /sanitizer stations throughout camp.
- Cleaning and disinfecting high-touch surfaces and shared program equipment.

These precautions are important, but these efforts cannot eliminate the potential for exposure to COVID-19 or any other illness while at camp. Experts have said that people with COVID-19 may show no signs or symptoms of illness, but can still spread the virus, and people may be contagious before their symptoms occur. The fact is, that someone with COVID-19 may pass the required health screenings and be allowed into camp.

We also know the very nature of camp makes social distancing difficult in many situations and impossible in others.

Information from the Centers for Disease Control and Prevention (CDC) states that older adults and people of any age who have serious underlying medical conditions are at higher risk for severe illness from COVID-19. *If you are in this group, please ensure you have approval from your health care provider prior to attending camp.*

Every staff member, volunteer, and Scouting family has to evaluate their unique circumstances and make an informed decision before attending camp. We hope this information will be helpful as you make that choice.

Name: _____ **Date:** _____

COVID-19 Pre-Event Medical Screening Checklist

Use this checklist to assist in identifying potential COVID-19 cases before event participation.

Review with each youth and adult participant their current health status, both before departure and upon arrival at the event. **Anyone entering a camp or event - including visitors, vendors, etc. - must be screened.**

- 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 in close contact* with anyone who has been tested for COVID-19 and is waiting for results?
- 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 Has anyone in your household been exposed to an individual known or suspected to have COVID-19 in the past 14 days?
- 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 days?

***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 (hugged or kissed them)
- 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 five questions above, the participant must stay home. If all answers above are NO, proceed to the symptoms list below.

Symptoms of COVID-19

*If anyone in your household has any one of the following new or worsening signs or symptoms of possible COVID-19, **the entire household must stay home.***

- | | |
|---|---|
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Muscle or body aches |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Fever of 100.0° or greater | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Flu-like symptoms | <input type="checkbox"/> Loss of taste or smell |
| <input type="checkbox"/> Repeated shaking with chills | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Nausea or vomiting |

Potential Higher-Risk Individuals

- Yes No Are you in a higher-risk category as defined by the [CDC guidelines](#), including older adults, people with medical conditions, and those with other individual circumstances?

If the answer is "yes", we recommend that you stay home.

Should you choose to participate, you must have approval from your health care provider.

Name: _____ Date: _____