



ROCKY RIVER RANCH

We are grateful for your partnership with us to provide a safe and healthy camp environment this summer at Rocky River Ranch. **This completed form is one of your pre-screening options and can be turned in upon your child's arrival at Rocky River Ranch.**

CAMPERS FULL NAME: _____

- CAMP SESSION:**
- Session 1** (June 6-11)
 - Session 2** (June 13-25)
 - Session 3** (June 27- July 6)
 - Session 4** (July 11-16)
 - Session 5** (July 18-30)
 - Session 6** (August 1-6)

10
DAYS

10-DAY REDUCED EXPOSURE LOG:

Please reduce exposure at least 10 days before coming to camp and initial each day below. Limit exposure to non-family members, wear a face mask around non-family members, avoid large crowds/ gatherings, and limit unnecessary travel.

Please initial for each day of reduced exposure:

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10

MY CHILD HAS REDUCED HER EXPOSURE FOR 10 DAYS

Parent's Signature

10
DAYS

10-DAY TEMPERATURE LOG:

As part of your partnership with us, for ten days prior to your child's arrival at Rocky River, campers must record their temperature. For your convenience, we've provided space below, and recommend you check and record your child's temperature at the same time each day.

Please record your child's temperature daily and record below:

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10

MY CHILD HAS BEEN FEVER-FREE FOR THE PAST 10 DAYS

Parent's Signature

SYMPTOMS IN THE LAST 10 DAYS WITHOUT OBVIOUS CAUSE

Check any that apply to your camper:

- | | | |
|--|--|---|
| <input type="checkbox"/> FEVER (above 100.4 F) | <input type="checkbox"/> FATIGUE | <input type="checkbox"/> SORE THROAT |
| <input type="checkbox"/> COUGH | <input type="checkbox"/> NAUSEA/VOMITING | <input type="checkbox"/> CHANGE IN TASTE OR SMELL |
| <input type="checkbox"/> SHORTNESS OF BREATH | <input type="checkbox"/> DIARRHEA | <input type="checkbox"/> CHANGE IN APPETITE |
| <input type="checkbox"/> BODY ACHES | <input type="checkbox"/> CHILLS | |

If any above apply to your camper, please call 512-847-2513 or email info@rockyriverranch.com

MY CHILD HAS BEEN SYMPTOM FREE FOR THE PAST 10 DAYS

PRE-EXISTING ILLNESSES

Parent's Signature

Check any that apply to your camper:

- | | |
|--|--|
| <input type="checkbox"/> CARDIOVASCULAR DISEASE | <input type="checkbox"/> DIABETES |
| <input type="checkbox"/> RESPIRATORY DISEASE <i>including</i> ASTHMA | <input type="checkbox"/> IMMUNOCOMPROMISED |

Individuals with pre-existing conditions such as cardiovascular disease, respiratory disease including asthma, diabetes, and immunocompromised are at an increased risk of severe illness if COVID-19 is contracted. I understand that my child's pre-existing illness increases the implied risk of COVID-19.

I UNDERSTAND THE IMPLIED RISK OF PRE-EXISTING ILLNESSES

CONTACT HISTORY

Parent's Signature

Check any that apply to your camper:

- CAMPER HAS BEEN DIAGNOSED WITH COVID-19 IN THE LAST 14 DAYS
- CAMPER HAS A CLOSE CONTACT THAT HAS BEEN IN CONTACT WITH SOMEONE EXPOSED TO OR INFECTED WITH COVID-19 IN THE LAST 14 DAYS.
- CAMPER HAS A HOUSEHOLD MEMBER CURRENTLY ON A WATCH LIST FOR COVID-19 EXPOSURE.
- CAMPER HAS TRAVELED BY AIR OR TRAVELED OUT OF STATE IN THE 14 DAYS PRIOR TO CAMP
- CAMPER HAS NOT ADHERED TO OUR REDUCED EXPOSURE GUIDELINES

If any above apply to your camper, please call 512-847-2513 or email info@rockyriverranch.com

I VERIFY THAT I HAVE ANSWERED THIS QUESTION TRUTHFULLY

Parent's Signature

The healthy and safety of our campers is our #1 priority. In light of the COVID-19 pandemic, we think it is important that you understand our efforts to manage your campers health and safety so that you can make an informed choice. We are focused on taking all reasonable measures to prevent the spread of COVID-19 in our camp. We have strengthened our standard cleaning procedures, while adding increased frequency measures for things such as wiping down common touch points, dining hall areas, and activity equipment. Additionally, we have taken measures to monitor and address symptomatic campers by introducing this pre-camp health screening, daily temperature checks, and protocols to isolate, confirm, respond, and remove any campers or staff with suspected COVID-19.

You can view more measures we're taking by visiting www.rockyriverranch.com/faqs-for-summer-2021

This situation continues to change daily and as such, we will adapt and adjust our protocols and procedures. We will follow the guidance provided by the CDC and local health departments, in our efforts to keep our campers, staff, and families safe.

Ultimately, the choice for your child to attend summer camp at Rocky River Ranch is a personal one, and you are in control. If you are uncomfortable with the risk of COVID-19 in a summer camp setting, having to travel to camp, or having your child interact with our staff and other campers, we have options available to you, please contact the camp office.

I CONSENT TO THE ABOVE DISCLOSURE FOR SUMMER 2021

Parent's Signature