

Signature of Parent / Guardian / Adult

THE

COVID-19 "At-Risk" Camp Participant Statement MUST BE COMPLETED AND BROUGHT TO EVENT/CAMP

lame Unit Type & Number
our safety and the safety of all our members, volunteers, and employees is the Alamo Area Council's top priority. While here is still much uncertainty regarding COVID 19, we are monitoring the information provided by health experts and overnment agencies to help keep safe those who choose to come to camp this summer.
Our council leaders continue to coordinate with state and local health departments to ensure we are informed of and omply with their guidance to mitigate the risks of COVID-19 being contracted at camp.
Our mitigation plan includes: Pre-attendance education, Health screening conducted by you or your unit prior to travel to our camp, including a temperature check. Health screening upon your arrival conducted by our camp staff or camp health officers, which may also include a temperature check. Limitations on visitors in camp. Hygiene reminders while at camp. Extra handwashing/sanitizer stations throughout camp Dedicated staff to clean and disinfect high-touch surfaces and shared program equipment An emergency response plan that includes an isolation and quarantine protocol should a person at camp develop symptoms of COVID-19 or other communicable disease hese precautions are important, but these efforts cannot eliminate the potential for exposure to COVID-19 or any other lness while at camp. Experts have said that people with COVID-19 may show no signs or symptoms of illness, but can still pread the virus, and people may be contagious before their symptoms occur. The fact is that someone with COVID-19 may ass the required health screenings and be allowed to camp.
Ve 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 ave serious underlying medical conditions are at higher risk for severe illness from COVID-19. If you are in this group, alease ensure you have approval from your health care provider prior to attending camp.
very staff member, volunteer, and Scouting family must evaluate their unique circumstances and make an informed ecision before attending camp. We hope this information will be helpful as you make that choice.

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Date



Pre-Event Medical Screening Checklist

Use this checklist to assist in identifying potentially communicable diseases before event participation.

The intent of this checklist is to 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. — should be screened using this checklist.

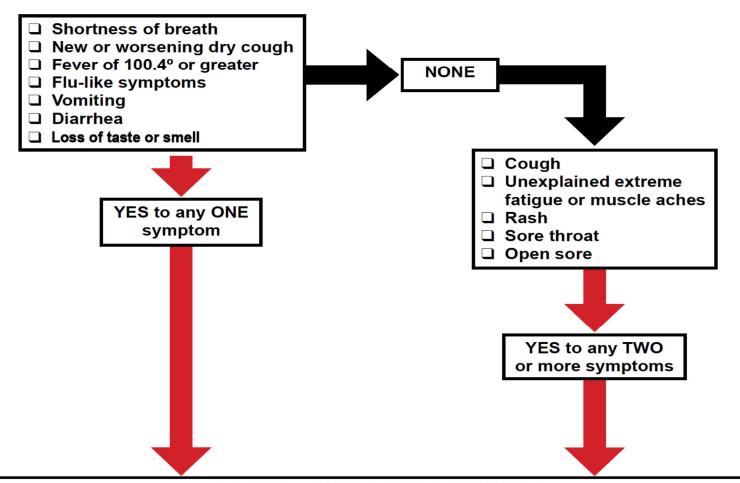
☐ Yes
 ☐ No
 ☐ Have you been in contact with anyone who has COVID-19?
 ☐ Yes
 ☐ No
 ☐ Have you or anyone you have been in close contact with traveled on a cruise ship, internationally, or to an area with a known communicable disease outbreak in the last 14 days?

If the answer is "yes" to either of these questions, the participant must stay home.

☐ Yes ☐ No Are you in a higher-risk category as defined by the CDC guidelines?

If the answer is "yes" to this question, we recommend that you stay home. Should you choose to participate, you must have approval from your healthcare provider and then proceed to the symptom decision tree below.

If the above answers are "no," proceed to this symptom decision tree.



THE PARTICIPANT MUST STAY HOME

These symptoms are associated with communicable diseases and the participant MUST stay home until medically cleared by their health care provider.