

Ithaca College Summer Camp Check-In Screening Form & Swimming Permission

In order to provide the safest and most comfortable camp environment, please take a moment to complete this form as you check in your camper(s) the first day of camp. This information will be screened by the Ithaca College camp director and health staff and will remain confidential. Thank you for your cooperation!

Camp/Program: _____ Date: _____

Participant Name: _____

Your Name: _____ Relationship to Participant: _____

1. Have there been any changes in the participant's health and/or medications since the health form was completed and returned to Ithaca College?

Yes _____ No _____

If "Yes" please explain:

2. Have there been any changes in the participant's health needs/restrictions since the health form was completed and returned to Ithaca College?

Yes _____ No _____

If "Yes" please explain:

3. Has the participant exhibited any unusual health symptoms today (fever, sore throat, etc)?

Yes _____ No _____

If "Yes" please explain:

4. Has the participant been exposed to any communicable/contagious diseases (respiratory, gastrointestinal, lice, etc) in the last two weeks?

Yes _____ No _____

If "Yes" please explain:

5. Do you have any concerns related to the participant's health that you believe should be discussed with someone today?

Yes _____ No _____

If "Yes" please explain:

6. **SWIMMING APPROVAL** - Do you give permission for your participant to swim at Ithaca College? Without this permission the participant will not be allowed to swim.

Yes _____ No _____ Signature: _____