

Camper's Name: _____

CoVid-19 Participant Guide and Confirmation Sheet

By signing below, I, the undersigned, hereby acknowledge and confirm the following with respect to my child, referenced above, as a participant in any event associated with the Malta Youth Camp programs:

1. I have been provided with access to a copy of the CoVid-19 Guidelines, Policy and Procedures When Utilizing General Spaces (the "Guidelines") for Malta Youth Camp Program and have reviewed it with my child.
2. My child and I have read the Guidelines, in full, and understood the provisions thereof, as well as my responsibilities thereunder.
3. I confirm that a representative of Malta Youth Camp has provided me with the Mayo Clinic self-assessment tool link: <https://www.mayoclinic.org/covid-19-self-assessment-tool>, and/or **on the next two pages**.
4. I confirm that, within two (2) hours of participating in any Malta Youth Camp event, my child will complete the self-assessment found at the above-referenced link (the "Self-Assessment").
5. If, after completion of the Self-Assessment, my child receives any response other than "your answers indicate that you do not have any symptoms that currently suggest the need for COVID-19 testing," then I will notify Malta Youth Camp Director and I will not allow my child to attend any Malta Youth Camp event until my child is well enough that he/she receives said response after completion of the Self-Assessment.
6. I also agree that if my child and/or I answer any of the following in the affirmative within fifteen (15) minutes of any Malta Youth Camp event in which my child is scheduled to participate, then I will not allow my child to attend any Malta Youth event until he is well enough that we can answer "no" to each and every of the following questions:
 - a. Has my child been within six (6) feet of a person with a lab-confirmed case of CoVid-19 for at least five (5) minutes or had direct contact with their mucus or saliva in the past fourteen (14) days?
 - b. Is my child currently experiencing or has my child experienced in the past 48 hours, any of the following symptoms:
 - i. Fever of 100.5 F or above, or possible fever symptoms like alternating chills and sweating?
 - ii. Cough?
 - iii. Trouble breathing, shortness of breath or severe wheezing?
 - iv. Chills or repeated shaking with chills
 - v. Muscle Aches?
 - vi. Sore Throat?
 - vii. Diarrhea?
 - viii. Persistent Headache?
 - ix. Loss of Smell or Taste or a change in Taste
 - c. Does my child have any immediate family members living in his home or homes, who are experiencing any of the above-referenced symptoms?

* Contact your health care provider for advice if you get new symptoms or if you have close contact and live with someone with lab-confirmed COVID-19. Close contact means being within 6 feet of that person for over 5 minutes or having direct contact with their mucus or saliva.

For more information, google Coronavirus disease: What is it and how can I protect myself?

COVID-19 Mayo Clinic Self-Assessment Tool

This tool will help you assess your symptoms and determine if you're a good candidate for a coronavirus disease 2019 (COVID-19) test in your home community. It also offers guidance on when to seek medical care and what to do in the meantime. This information is based on Centers for Disease Control and Prevention (CDC) guidelines and Mayo Clinic expert opinion. Information applies only to people currently in the United States.

1. This tool is not meant to take the place of consultation with your health care provider or to diagnose or treat conditions. If you're in an emergency medical situation, call 911 or your local emergency number.

2. Information about COVID-19 is constantly changing. And the level of COVID-19 activity varies by community, as does the availability of testing. For current updates on COVID-19 and details on testing and other health measures in your state, check with your local public health agency and visit the CDC website at [cdc.gov](https://www.cdc.gov)

* Have you been within 6 feet of a person with a lab-confirmed case of COVID-19 for at least 5 minutes, or had direct contact with their mucus or saliva, in the past 14 days?

CIRCLE ONE

YES NO

*** In the last 48 hours, have you had any of the following NEW symptoms?**

Check all that apply

- Fever of 100.5 F (38 C) or above, or possible fever symptoms like alternating chills
- Cough
- Trouble breathing, shortness of breath or severe wheezing
- Chills or repeated shaking with chills
- Muscle aches
- Sore throat
- Loss of smell or taste, or a change in taste
- Nausea vomiting or diarrhea
- Headache
- None of the above

If you answer "No" and "None of the Above," then Mayo Clinic says your answers indicate that you do not have any symptoms that currently suggest the need for COVID-19 testing. If you answered anything other than "No," or "None of the Above" you are unable to attend Camp today.

I hereby acknowledge that I am the parent and/or legal guardian of the child referenced above, that I have read and understood the terms, conditions and information provided in this Sheet, and that I agree to meet all of my responsibilities and my child's responsibilities, as set forth herein.

Signature: _____

Date: _____

Print Name: _____