



COVID - 19 MEDICAL FORM

HELP US KEEP OTHERS SAFE!

Until COVID is no longer an issue, we will continue to collect pre-screening information.

CIRCLE ONE: MALE / FEMALE

NAME: _____ BIRTHDAY ____/____/____

ADDRESS _____ ST _____

ZIP _____

PARENT'S NAME:

PHONE: _____ HOME OR CELL

EMERGENCY CONTACT NAME _____ PHONE _____

Please complete this information form, and return it to Benjamin Moore at Camp Joy as an additional part of your child’s registration process. Email form: benjamin.moore@campjoy.org or send to W7725 Kettle Moraine Dr. Whitewater, WI

- 1) My child has tested positive for COVID-19 in the last 14 days. YES/NO
- 2) Someone who lives in the same home has tested positive for COVID-19 in the last 14 days. YES/NO
- 3) My child or our family has had exposure to someone who has tested positive for COVID in the last month. YES/NO
- 4) Other information you would like to tell us that would help us in keeping people safe at Camp Joy.

We at Camp Joy have implemented additional measures, but given that COVID is in our State and Nation in ways no one really knows, we cannot guarantee that campers could not be exposed to COVID while here at Camp Joy.

While Camp Joy takes precautions to ensure the safety of all attendees, it is understood that accidents or risks of bodily injury may occur. I agree that my child may participate in all activities, and I intend by my signature a complete and unconditional release of the camp for all liability to the greatest extent allowed by law.

Signature: _____ Date _____