



**INTAKE FORM**

We are grateful for your partnership with us to provide a safe and healthy Camp environment this summer at Dunkleys Gymnastics Camp. **This completed Intake Form is required for check in at Dunkleys and should be completed prior to your child's arrival and given to the Director upon arrival, along with a negative COVID test within 72 hours or proof of vaccination.**

CAMPER'S FULL NAME \_\_\_\_\_ DOB \_\_\_\_\_

- 1. My child/camper has completed 7 - 10 days of low risk pre camp behavior (prior to arrival at Dunkleys) to reduce the risk of exposure to COVID-19. This means that my child had limited exposure to non-family members, has worn a mask around non-family members, has avoided any crowds/gatherings and has limited unnecessary travel. Yes\_\_\_\_\_. No\_\_\_\_\_.
- 2. My child/camper has been fever free for the past seven days. Yes\_\_\_\_\_. No\_\_\_\_\_.
- 3. My child/camper has not had any of the following symptoms for the last 2 weeks: Yes\_\_\_\_\_.  
NO\_\_\_\_\_ Fever (above 100.4) Cough Shortness of Breath. Body Aches.  
Change in taste or smell. Change in Appetite. Generally not feeling well
- 4. My child/camper has not been out of the country for the last 30 days. If the answer to that is yes, then my camper has completed a 14 day self quarantine. Yes\_\_\_\_\_. No\_\_\_\_\_.
- 5. My child/camper has been diagnosed with COVID 19. Yes\_\_\_\_\_. No\_\_\_\_\_. Date\_\_\_\_\_.
- 6. My child/camper has a close contact that has been in contact with someone exposed to or infected with COVID 19 in the last 14 days. Yes\_\_\_\_\_. No\_\_\_\_\_.
- 7. My child/camper has a household member currently on a watch list for COVID-19 exposure. Yes\_\_\_\_\_  
No\_\_\_\_\_.

I verify that I have answered these questions truthfully \_\_\_\_\_  
Parent/Guardian Signature Date

Pre-existing Illnesses

Check any that apply to your child/camper:

- ( ) Cardiovascular Disease. ( ) Diabetes. ( ) Respiratory Disease -including Asthma
- ( ) Immunocompromised ( ) Other\_\_\_\_\_ ( ) No Pre Existing Illnesses

I understand the above pre-existing illnesses may increase my child's/camper's implied risk of COVID - 19, and I understand the implied risk of pre-existing illnesses\_\_\_\_\_

Parent/Guardian Signature

**2021 COVID 19 Release Form**

Camper's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Dunkleys Gymnastics Directors have been working with the guidance of the VT Health Dept, CDC and ACA guidelines and our Camp Dr. and our Camp Nurse to establish a safety plan and camp protocols for COVID 19. Campers are ages 7 – 17, representing the lowest risk segment of the overall population for COVID complications. The Safety Plan and protocols are part of this document. Despite our best efforts, there will still be a risk of your child acquiring the coronavirus at camp this summer. Ultimately, the choice for your child to attend summer camp at Dunkleys Gymnastics Camp is a personal one, and you are in control. If you are uncomfortable with the risks of COVID 19 in a summer camp setting or having your child interact with our Staff and other Campers, we have several options available to you, including moving your child's/camper's tuition to Summer 2022.

Therefore, we are requiring parents to sign this release, prior to their child arriving at Dunkleys 2021.

I being the legal parent/guardian of the above camper, a minor, in consideration of your acceptance of my child into the Dunkley Gymnastic Camp, and in consideration of the opportunity to improve gymnastics, aquatics and other athletic skills through the use of your equipment and staff, do forever release the camp owners, staff, directors, officers of Dunkleys Gymnastics Inc from any and all claims, demands, rights of action present or future in relationship to COVID 19 and my child \_\_\_\_\_ resulting or arising out of attendance at camp. I understand that there is a risk of my child acquiring COVID 19 at Camp and that the risk also includes, but is not limited to: illness from the virus, pneumonia, acute respiratory syndrome, and even death. Most cases are mild and many children are asymptomatic. Medical expenses incurred will be the responsibility of the camper's family.

\_\_\_\_\_  
**Parent's/guardian's signature**                      **Date**

**Medications:**

**Please list the medications your child is currently taking while at camp:**

**Send all meds in original prescription bottle with only the amount needed for camp.**

Medication Name	Dose	Time of the Day	Quantity on arrival	Camp Nurse initials

**Intake Assessment – done upon arrival at Camp**

- ( ) Temperature reading
- Camper has new or worsening symptoms of possible COVID. (check any that apply)
- ( ) Cough    ( ) Sore throat.    ( ) shortness of breath/difficulty breathing( ) Chills    ( ) Repeating shaking. ( ) muscle pain
- ( ) Loss of taste or smell. ( ) Diarrhea. ( ) headache.( ) Feeling feverish. ( ) Known close contact with a person confirmed to have COVID 19
- Lice check ( )
- Injury ( ) \_\_\_\_\_
- Camp Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_

