

<b>2021 Glen Ridge Summer Day Camp Health Screening Form</b>	
Please keep your camper home if they... <ul style="list-style-type: none"> <li>• have been in close contact with a suspected or confirmed case of COVID-19 in the last 14 days</li> <li>• have tested positive in the last 14 days</li> <li>• have traveled internationally, or traveled to a state on the travel advisory list in the last 14 days</li> <li>• have experienced any of the below symptoms in a way not normal to them in the last 24 hours</li> </ul> Fever or chills, cough, shortness of breath/difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea	
<b>If none of the above apply to your camper, please sign below and send this form with your child for admittance to Glen Ridge Summer Day Camp.</b>	
Camper's Name:	**Camp Staff Use Only** Camper checked in by:
Parent/Guardian Name:	
Parent/Guardian Signature:	
Date:	

CUT -----

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