

Gulf Coast Bible Camp COVID-19 Screening Form

Name of Camper - (Last)_____ (First)_____

1. Temperature Check_____ Confirmed by Nurse_____
2. Are you currently having or have had any of these symptoms over the past 14 days?

please circle 'no' or 'yes'

i. Persistence Cough	NO	YES
ii. Loss of Taste or Smell	NO	YES
iii. Body Aches	NO	YES
iv. Vomiting	NO	YES
v. Diarrhea	NO	YES
vi. Chills	NO	YES
vii. Shortness of breath	NO	YES
viii. Fever of 100.4 or more	NO	YES

3. In the past 14 days, have you?
- A. Have you been in close contact with a person who has been diagnosed with, tested for, or quarantined as a result of COVID-19? (close contact is defined as being within 6 feet of someone for 15 minutes or more) NO YES
- B. Have you tested positive for COVID-19? NO YES
- C. In the last two weeks, have you travelled internationally? NO YES

Parents/Guardians: Please take note that the state of Mississippi has allowed summer camps to open in Summer 2020 with no social distancing in some scenarios. Gulf Coast Bible Camp will comply with the current regulations for the State of Mississippi. This means that no face masks will be required, and Social Distancing will not be required for many or all of this week's activities. Gulf Coast Bible Camp desires for all parents and guardians to understand the current conditions. Gulf Coast Bible Camp is therefore requiring parents and guardians to read and sign the waiver on the back side of this form. Thank you for allowing us you serve your child this week.

See back of page for agreement

I ACKNOWLEDGE AND UNDERSTAND THAT the choice to attend and/or allow my child to attend camp session(s) and activities at Gulf Coast Bible Camp rest solely upon me as the parent or guardian of my child. I, for mine and my child's heirs, executors, administrators, assigns, or personal representatives and parents, AFFIRM that I and my child are voluntarily participating in the camp session and activities offered at Gulf Coast Bible Camp ENTIRELY AT MY OWN RISK. I am aware of the risks associated with participating in this activity, which may include, but is not limited to: Physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability, economic or emotional loss and death. I understand that these injuries or outcomes may arise from my own or other's negligence, conditions related to travel to and from Gulf Coast Bible Camp, or from conditions at Gulf Coast Bible Camp. Nonetheless, I assume all related risks, both known and unknown to me, of my participation and attendance at Gulf Coast Bible Camp.

I FURTHER ACKNOWLEDGE THAT GULF COAST BIBLE CAMP, INC., ITS OFFICER, DIRECTORS, VOLUNTEERS AND AFFILIATES ARE NOT AND WILL NOT BE HELD LIABLE FOR ANY SICKNESS ACQUIRED BEFORE, DURING OR AFTER MY OR MY CHILD'S ATTENDANCE AT CAMP SESSIONS OR ACTIVITIES.

THIS FORM MUST BE SIGNED ON THE DATE OF CHECK-IN AT GULF COAST BIBLE CAMP.

I hereby affirm that the information above is accurate.

Parent/Guardian Signature _____ DATE: _____

Signature confirmed by Camp Staff or Youth Leader, as made on the campus of Gulf Coast Bible Camp (*Staff member or Youth Leader signature*): _____

If not signed on the campus of Gulf Coast Bible Camp:

I ATTEST that the Parent or Guardian's signature above is authentic and that of the Parent or Guardian:

(This may only be signed by a staff member, youth leader, or a notary on the day of registration)

Staff Member, Youth Leader, or Notary signature: _____