

COVID-19- Pandemic - Childrens Disclosures

This disclosure form seeks information for your children that must be considered before allowing them to enter Ackermann's Swim Camp.

A weak or compromised immune system (including but not limited to, conditions like diabetes, asthma, COPD, cancer treatment, radiation, chemotherapy, and any prior or current disease or medical condition), can put you at a greater risk for contracting COVID-19. Please disclose to us any condition that compromises your immune system and understand that we may ask you to reconsider sending that child to camp.

It is also important that you disclose to Ackermann's Swim Camp any indication of having been exposed to COVID-19 virus.

NAME: _____ NAME _____

NAME: _____ NAME _____

	YES	NO	
Do you have a fever or above normal temperature?			
Have you experienced shortness of breath or had trouble breathing?			
Do you have a dry cough?			
Do you have a runny nose?			
Have you had a sore throat?			
Have you been in contact with someone who has tested positive for COVID-19			
Have you tested positive for COVID-19?			
Have you been tested for COVID-19 and are awaiting results?			
Have you traveled outside the UNITED States by air or cruise ship in the past 14 days? How many days have you been home?			
Have you attended another camp in the past 14 days? How long have you been away from group situations?			

I fully understand and acknowledge the above information, risk and cautions regarding a compromised Immune system and have disclosed to Ackermann's Swim Camp any conditions in my health history which may result in a compromised immune system.

By signing this document, I acknowledge that the answer I have provided above are true and accurate.

Signature _____

Date _____

Whitness _____