



## Declaration of Health

Gabriola Recreation Society is committed to the health and safety and wellbeing of all our campers, our staff and our community. We ask that parents/guardians complete this form for each child prior to participating in camp.

Name of participating child: \_\_\_\_\_

Have you or your child travelled outside of Canada in the last 14 days?    **Yes** \_\_\_ **No** \_\_\_

Did you or your child provide care or have close personal contact with a person with a confirmed or possible COVID-19 within the last 14 days?    **Yes** \_\_\_ **No** \_\_\_

Is your child experiencing any symptoms of cold, flu or COVID-19, such as fever, chills, cough, shortness of breath, sore throat, stuffy or runny nose, loss of smell, headache, muscle aches, fatigue or loss of appetite?    **Yes** \_\_\_ **No** \_\_\_

**If you answered “yes” to any of the above, we ask that your child does not participate in camp.**

Do you agree to take reasonable steps to avoid being exposed to COVID-19? **Yes** \_\_\_ **No** \_\_\_

Do you agree that GRS reserves the right to remove the participant from the program for any reason relating to COVID-19?    **Yes** \_\_\_ **No** \_\_\_

Will you inform Gabriola Recreation Society staff if any of the declarations above should become untrue over the course of this camp?    **Yes** \_\_\_ **No** \_\_\_

**Name of parent/Guardian (printed):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_