



ADTC – The **ULTIMATE** Overnight Dance Camp!

Info@DanceADTC.com * www.AmericanDanceTrainingCamp.com

Ask Us Anything!
866-383-ADTC

Pre-Camp Health Screening Form

In an effort to reduce exposure and minimize illness at camp, we ask that you check on the health of your camper daily beginning **7 days prior to her arrival at camp**. The best camp sessions start with healthy campers and this begins at home. Please upload this completed form when you submit our “Health History Addendum” on Saturday evening before your Sunday arrival (we will email and text you the link that day). Please indicate if your camper has any of the following symptoms prior to camp and record a temperature daily. If any temperature or symptoms are present, please have your camper evaluated by a licensed provider and contact camp for further guidance.

Camper Name: _____

Session _____

Symptoms

- Cough
- Shortness of breath
- Difficulty breathing
- Fever
- Chills
- Muscle pain / Body aches
- Sore throat
- Change in taste or smell
- Change in appetite
- Runny Nose / Congestion
- Headache
- Nausea
- Vomiting
- Diarrhea

Please Initial

My child has not had a new fever of 100.4 or higher, or a sense of having a fever. _____

My child has not developed any of the listed symptoms on the left in the last 14 days that cannot be attributed to another health condition.

My child has not traveled within an area identified as a COVID-19 “hot-spot.” _____

My child has not been in contact with an individual who has been ill with respiratory complaints or fever, or who I know has tested positive for COVID-19 _____

My child has not been diagnosed with COVID-19. _____

Start date of
temperature/
symptom
screening:

Day:	7	6	5	4	3	2	1
Temp/ Symp							

My signature indicates that I completed this health screening daily for 7 days prior to camp and to the best of our ability. I understand that arriving at camp healthy is vital to a healthy camp for all campers and failure to provide this document or complete the onsite screening may be grounds for dismissal.

Signature of Parent/Guardian _____

Date _____