Arizona 4-H Overnight Program COVID-19 Checklist

Before attending an overnight Arizona 4-H program (i.e. James 4-H Camp) I ______________ (name) understand that prior to departure for the program I will take these precautions to ensure the health and safety of all participants and staff during the program.

- I and my parent or guardian will ask the following Wildcat Wellness Check prior to leaving for the camp program. Have I had any of the following symptoms since yesterday?
  - A new fever (100.4 or higher, or a sense of having a fever) or chills?
  - A new cough that you cannot attribute to another health condition?
  - New shortness of breath that you cannot attribute to another health condition?
  - A new sore throat that you cannot attribute to another health condition?
  - New muscle or body aches that you cannot attribute to another health condition, or that may have been caused by a specific activity (such as physical exercise)?
  - Headache?
  - New loss of taste or smell?
  - Fatigue?
  - Nausea, vomiting, or diarrhea?
  - Congestion or a runny nose?”

- If I answer yes to any of the above questions, I will notify the program that I will be unable to attend to ensure the health and safety of all participants in the program.

- Campers will make every effort possible to travel by themselves to camp and that only one parent will drive with the parent. To reduce exposure from travel participants will limit stops along the route.

- I understand that prior to departure a negative viral test is strongly encouraged. Tests only indicate infection at the time of testing and not exposures that happen prior.

- All individuals who are eligible for the COVID-19 vaccine are strongly encouraged to complete vaccination at least two weeks prior to arrival at Camp to ensure their body has had time to build immunity.

While attending an overnight Arizona 4-H program (i.e. James 4-H Camp) I understand that I will be expected to:

- I will wear a mask or face covering except when sleeping, eating, or walking outdoors with guaranteed physical distance.
- I will honestly complete the “Wildcat Wellness Check” which includes a temperature check and verbal completion of a self-assessment based on the following questions.
- I will contribute to keeping camp clean by wiping down bathroom surfaces before and after use of bathrooms and showers.
- I understand that if I display COVID-19 symptoms I will be asked to quarantine and be tested for COVID-19.
- I understand that if I display COVID-19 symptoms that I will be asked to leave the program the same day.
- I understand that refund policies are established by the organization using the James 4-H Camp facility.

_______________________________  ______________________________
Printed name of participant         Signature of participant

_______________________________  ______________________________
Printed name of parent or guardian  Signature name of parent or guardian