## BSA COVID-19 Camp-Event "At-Risk" Participant Statement Must Be Signed and Brought to Check-In

	Be Signed and Brought to		Unit Number
	g at		
op priestablis out the	ority. In light of COVID-19, we shed health and safety measur	are taking additional precautions or are taking additional precautions.	oloyees is the Texas Trails Council's ons at camps on top of our long These precautions are important, any other illness while at camp or
COVID- nay be equire activiti	-19 may show no signs or sympe contagious before their symped health screenings and be all	otoms of illness but can still spotoms occur it is possible that a owed into a camp. We also kroult in many situations and imp	CDC) shows that some people with read the virus. Since some people in infected person may pass all the low the very nature of camps and possible in others. We are modifying 9 pandemic.
oordi	ur council physician, health an nating with state and local hea uidance to mitigate the risk of	Ith departments and the CDC	to ensure we are aware of and follow
Our mi	to turn in on arrival.  Health screening upon arrival commissioners which will incommissioners which will incomply as well as standard screening on the screening on the screening of the screeni	I at camp check-in time conduction a temperature check, hygog questions regarding symptome in the unit not pass the arrivation.  For online registration system was reminders throughout the case & staff to wear masks when not pon arrival before entry to care greminders throughout the was stations at activity areas. disinfect high-touch surfaces a that includes an isolation, quality week and two weeks after the	giene and social distancing reminders is, travel history, and exposure. It screening, the entire unit will not ill be allowed on camps. Imperpendent imperations or inside buildings.
nedica ensure We kno conside	ation from the CDC states that al conditions are at higher risk to you have written approval from that each staff member, vo	older adults and people of an for severe illness from COVID- myour health care provider pr llunteer, and Scouting family h	y age who have serious underlying 19. If you are in this group, please ior to attending camp.  as a unique set of circumstances to formation will be helpful as you
Signatu	ıre	 Date	<del></del>
signature of parent / guardian		 Date	<del></del>