



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

**BOYS & GIRLS CLUB  
OF THE BERKSHIRES**

**Daily Screening Protocol for Camp Russell**

**Child's Name:** \_\_\_\_\_

(Include all siblings attending camp)

All children and staff will be screened daily upon arrival and prior to entry into Camp.

If ALL of the below are NO, the child MAY attend Camp. If the child shows signs of any of the below during the day, exclusion protocols will be followed and the child's parent/guardian will be called to come pick them up.

If ANY of the below are YES, the child SHOULD NOT BE ALLOWED to enter Camp. The child should return home with their parent or caregiver.

Does the staff member/child have any of the following symptoms?	YES	No
Cough?		
Sore throat?		
Rapid breathing or difficulty breathing (without recent physical activity)?		
Flushed cheeks?		
Gastrointestinal symptoms (diarrhea, nausea, vomiting)?		
Fatigue? (Fatigue alone should not exclude a child from participation)		
Headache?		
New loss of smell/taste?		
New muscle aches?		
Any other sign of illness?		
Has the child had contact with someone in the previous 14 days with a confirmed or presumptive diagnosis of COVID-19 or someone who is ill with a respiratory illness?		
<b>Is the staff member/child cleared to enter the facility?</b>		

Staff signature: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_

- If the child or staff member has been exposed to an individual who is COVID-19 positive or presumed to be COVID-19 positive then they may not return to camp for 14 days.
- If the child or staff member has symptoms but not otherwise exposed to an individual who is COVID-19 positive or presumed to be COVID-19 positive, they may not return to camp until the symptoms abate.