

Your Commitment to a Safe and Healthy Summer

Parent/Guardian: _____ Child: _____

- 1. I will closely monitor my child for signs and symptoms associated with COVID-19.**
- 2. I will not send my child to camp should my child display/describe feeling any signs and/or symptoms associated with COVID-19.**
- 3. I will not send my child to camp if my child has returned from travel outside of Nova Scotia in the last 14 days.**
- 4. I will not send my child to camp if my child has been exposed to COVID-19.**
- 5. I will not send my child to camp if my child has been diagnosed with COVID-19 or is awaiting lab results from a COVID-19 test.**
- 6. I will not send my child to camp if we have been contacted by public health to state that someone in our household may have been exposed to COVID-19.**

Signature: _____ Date: _____