## **Pre-Event Medical Screening Checklist**

This is a tool to assist leaders in identifying potentially communicable diseases in advance of event participation. The intent of this checklist is to review with each participant their current health status both before departure and upon arrival at the event.

| Has the participant had any of the following symptoms in the last 24 hours?  |
|--|
| ☐ Fever (100.4 F or greater)   |
| □ Vomiting   |
| □ Diarrhea   |
| If the participant has fever, vomiting, OR diarrhea—he or she should stay home.  |
| Has the participant had any of the following symptoms in the last 24 hours?  |
| ☐ Unexplained extreme fatigue or muscle aches  |
| □ Rash   |
| □ Cough  |
| □ Sore throat  |
| □ Open sore  |
| If the participant has any two (or more) of these symptoms— <b>he or she should stay home</b> . If the participant has one of these symptoms, discuss any limitations and restrictions and consider having him or her stay home. |
| Participants who become ill should not return to the activity until they are cleared by a health-care provider.  |







## **Parents Commitment to Transport**

## **To Be Submitted Upon Arrival To Camp**

I understand that at any time during my child's stay at Bear Creek Scout Reservation I may be called on to transport my camper from camp for medical reasons. I commit to be available by phone for the entire session my scout is at camp should I need to be contacted by camp or troop leadership. Furthermore, I agree to pick up my scout within 10 hours of being contacted by the camp or troop leaders. I will also provide a second contact should unforeseen circumstances make me unavailable.

| Scout Name            | Unit Number |
|-----------------------|-------------|
| Signed                | Date        |
| Primary contact name  | Phone #     |
| <br>Secondary contact | <br>Phone # |

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