Calgary Changemakers in Education Society (CCES) Summer Day Camps

TODAY'S DATE:	*PLEASE NO day of camp atter	OTE: A separate family health form nded*
PARENT/GUARDIAN NAME:		
FIRST:	LAST:	
Best phone number to reach you at:		
Name(s) of your children attending 5-8	yr old camp:	Please note any medications/medica needs/allergies:
1	_	
2	_	
Name(s) of your children attending 9-12	2 yr old camp:	Please note any medications/medical needs/allergies:
1	-	
2	_	
 Has anyone living in your househ 	old travelled ou	ut of the country in the last 14
days? (Please circle one) YES	NO	
 Has anyone in your household test contact with anyone who has test 	•	
(Please circle one) YES NO	•	Continue to page 2 ->

 Have any of the children named on page 1 recently or currently have any symptoms of illness such as fever, cough, loss of taste or smell, chills, vomiting, diarrhea, shortness of breath, sore throat or runny nose? (Please circle one)

YES NO

Do any of the children named on page 1 have a fever higher than 37.8°C (100°F) today? (Please circle one) YES NO

The novel coronavirus, Covid-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is contagious and is believed to be spread mainly by person-to-person contact.

Calgary Changemakers in Education Society (CCES) Summer Day Camps have put in place preventative measures to reduce the spread of COVID-19; however, we cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the CCES Summer Day Camp could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, you acknowledge the contagious nature of COVID-19 and voluntarily assume all risk that your child(ren) and family may be exposed to or infected by COVID-19 as a result of attending the CCES Summer Day Camp and hereby release, covenant not to sue, discharge, and hold harmless CCES, its employees, volunteers, agents, and representatives, of and from the claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

Parent/Guardian: By signing below you acknowledge that:

- 1. All of the questions above have, to the best of your knowledge, been completed and answered truthfully.
- 2. Your child will follow all reasonable safety and health instructions from the CCES camp staff while participating in the program.
- 3. You release CCES, its board, staff and volunteers of and from all manner of actions, claim and demands of whatever nature which result from any loss, injury, illness or expense sustained, arising out of or in any way connected with participation in this program.
- 4. In the event your child is injured, ill or in need of medical attention and you are unable to be contacted, you authorize CCES staff to seek medical attention on your behalf.

Signature:	
D : . N	
Print Name:	
Date:	
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