

# FOX VALLEY WILDLIFE CENTER HEALTH AFFIDAVIT 2020

I/we, the undersigned parent/guardian of \_\_\_\_\_

*Print Camper's Name*

attest to the following pre-attendance conditions and preparations:

1. This child is not showing signs of illness such as fever, chills, cough, shortness of breath, diarrhea, fatigue, headache, muscle aches, nausea, loss of taste or smell, sore throat or vomiting. I have taught this child to sneeze/cough in his/her sleeve, or shoulder if in a t-shirt. A bare elbow or shirt tail can help block the distribution of germs too but will require hand cleansing right away. I have encouraged hand washing often while at camp, especially before eating and after toileting and whenever instructed to by camp staff.
2. I/we will make sure this child has and wears appropriate close-toed shoes for activities such as hiking, and that this child understands that camp is a more rugged environment than other settings.
3. I/we will be sure this child is well rested so as to arrive each morning ready for active days at camp.
4. I/we will send sunscreen that this child has tried at home. I/we have taught this child how to apply his/her sunscreen and to do so after each swimming activity.
5. I/we recognize that in outdoor activities, "hydration is key"! I/we will send a reusable water bottle that is name-labeled or instruct this child to drink frequently from the camp water stations. I/we will instruct this child to never share water bottles, personal items, food, or clothing with others.
6. I/we have spoken or will speak with this child about telling their counselor or camp director about problems or things that are troublesome to them at camp. Our professional staff can be quite helpful as children learn to handle being lonesome for home or coping with things such as losing something special. We cannot be helpful if we don't know about the problem – so have him/her talk to us.
7. Should something come up during the camp experience or afterward I/we will contact the camp directors and let them know. I/we want to partner effectively with Fox Valley Wildlife Center for the best health and development of this child and will share any information that will help make this possible.

**Signature(s): Parent/Guardian 1** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_

**Parent/Guardian 2** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Optional)

**Printed name:** \_\_\_\_\_