

TNT CAMP Protocol for Students with COVID-19 Symptoms

Should COVID-19 symptoms (high fever, loss of taste and smell) appear in a student, TNT Camp reserves the right to send a student home. They will stay in a separate cabin until a parent is able to pick them up. **I assume responsibility for picking up my child at the designated location, Camp Kulaqua.** Parent Initials: _____

If your child is rooming with a student that shows COVID-19 symptoms (high fever, loss of taste and smell), you will be notified of the situation and given the option to pick your student up or allow them to stay for the remainder of the camp under close observation of their health. **I hereby understand I have the option to pick my child up or let them stay if they are a close contact of another student with COVID symptoms.** Parent Initials: _____

I HAVE CAREFULLY READ AND FULLY UNDERSTAND THE PROTOCOLS SET IN PLACE BY EAST COAST CHRISTIAN CENTER AT TNT CAMP IN REGARD TO COVID-19 SYMPTOMS:

Name (Printed): _____ Date: _____

Signature: _____

FOR TNT CAMP LEADERS ONLY:

For student experiencing symptoms:

Parent notified at (Date/Time): _____ Leader Name: _____

Parent arrival time for student pickup (Date/Time): _____

For student exposed to symptoms:

Parent's Verbal decision to pick up child or allow child to stay: (circle one) pickup/stay

Leader Name: _____ Date/Time: _____