

PARTICIPANT DECLARATION TEMPLATE

Name of camp participant: _____

Name of guardian (if applicable): _____

Name of Group: _____

Dates of Camp: _____

Contact Tracing Details:

Telephone: _____ Email: _____

I confirm when the camper attends camp they:

- Are NOT experiencing cold or flu-like symptoms;
- Do not have a temperature;
- Have not, in the 14 days prior to camp, been in contact with someone that is confirmed to have COVID-19;
- Have not, in the 14 days prior to camp, returned from overseas or an Interstate Hotspot.
- Have not been contacted as part of Queensland Health Contact Tracing efforts in the previous 48 hours prior to camp and not been tested for Covid.
- Are not awaiting the result of a Covid Test.

I understand that between the date of signature and the first day of the camp I must inform the group coordinator if the camp participant comes into contact with someone that is confirmed to have COVID-19.

I understand that if on the first day of camp the camp participant is experiencing cold or flu-like symptoms, or has an elevated temperature, they will NOT attend camp.

I understand temperatures may be monitored throughout the camp program by touchless thermometers.

I understand if the camp participant experiences cold or flu-like symptoms or an elevated temperature on camp, or are contacted as part of Queensland Health Contact Tracing arrangements, they will be moved to a quarantine area and arrangements made for them to safely return home or to appropriate medical facilities.

Signed by guest/guardian: _____

Date: _____

