

# COVID-SAFE 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 the camper will not attend camp if they:

- Are experiencing cold or flu-like symptoms;
- Have an elevated temperature;
- Are a person who is a household member or a household-like contact of a **diagnosed person** (7 days or less since they had contact with someone in their household who was Covid-positive at the time of contact).
- Have 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 awaiting the result of a Covid Test.
- Have had a positive test for COVID19 in the last seven days.

I give consent for my child's name to be given to the businesses visited during this activity in compliance with the Queensland Chief Health Officer's Public Health Directions.

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: \_\_\_\_\_

