



## GROUP LEADER DECLARATION

- I have read and understood the COVID-relevant information and requirements of Group Coordinators.
- All Group participants (and/or guardians) have been informed and acknowledged they should not attend camp if exhibiting symptoms of Covid-19.
- To determine **close contacts** (people who are not **cleared cases** who have spent the previous night sleeping in a bedroom with a person who has tested positive for COVID-19) I will keep records of room registers of all group participants to assist.
- I have included a labelled water bottle an essential item to bring to camp in information to camp participants.
- I understand camp participants must be accommodated in the sleeping quarters I assign to them, as provided to QCCC staff in the fire register.

**Signed:** \_\_\_\_\_

**Name of Group Coordinator:** \_\_\_\_\_

**Group:** \_\_\_\_\_

**Dates of Camp:** \_\_\_\_\_

**Emergency Contact Details:**

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_