

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;
- Have been in contact with someone that is confirmed to have COVID-19 in the 14 days prior to camp;
- Have returned from overseas or an Interstate Hotspot in the 14 days prior to camp,
- 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 COVID19 and less than 10 days have passed since onset of symptoms, they have not been free of all symptoms for at least 72 hours and they are unable to provide evidence of completion of isolation.

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 **Restrictions on Businesses, Activities and Undertakings Direction (No. 13) (or its successor)**.

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: _____

