

Camper Pickup Affirmation

By signing and dating below, I _____ affirm that I will pick up my
(PRINT NAME)
child in the event that they answer YES to ANY of the below COVID – 19 screening questions.

By signing and dating below, I _____ affirm that I am fully aware of the
(PRINT NAME)
Marine Studies Enrichment Program’s (MSEP’s) location at the Dorothy P. Flint Cliff House and that I
have provided adequate contact information for myself. I also affirm that I have been provided
with the emergency contact information for the Marine Studies Enrichment.

COVID – 19 Screening Questionnaire

1. Have you been diagnosed with COVID – 19 in the past 10 days?
2. Have you had any COVID – 19 symptoms in the last 10 days?
3. Have you had any close or proximate contact with someone who is a confirmed or suspected case of COVID – 19 in the last 10 days?
4. Do you have a temperature of 100.4 degrees or greater?
5. Do you have any symptoms of COVID-19
6. Have you traveled within the past 10 days and not complied with requirements of the New York State Travel Advisory?

(Parent or Guardian Signature)

(Date)