ADAMS COUNTY ARTS COUNCIL COVID-19 SAFETY AND EMERGENCY CONTACT FORM

Complete one form for each camper enrolling.			
STUDENT'S NAME:		DATE OF BIRTH:	
MAILING ADDRESS:			
CITY:	TOWNSHIP:	STATE:ZIP:	
PARENT/GUARDIAN:		PLACE OF WORK:	
CELL #:	WORK #:	HOME #:	
PARENT/GUARDIAN:		PLACE OF WORK:	
CELL #:	WORK #:	HOME #:	
EMERGENCY CONTACT:			
NAME:	CELL#:	OTHER PHONE:	
BRIEF DESCRIPTION OF CHILD'S	HEALTH:		
GENERAL HEALTH?	Good Fair (Pleas	e list any concerns):	
	ase explain):	DICATIONS? No Yes (please explain): ng:	
• I have read, understand, and agree to folined in ACAC's COVID-19 Health and Salat www.adamsarts.org.	understand, and agree to follow the guidelines out- AC's COVID-19 Health and Safety Plan, which is posted	 Daily check-in and check-out will be conducted from the carpor on the north side of the building (E. Middle St. side). Neither I nor my representative will be admitted to the building, and the traditional end-of-camp party will not be held this year. 	
porting my child to camp have tested positive for or are symptoms of COVID-19 (such as fever, chills, shortness or difficulty breathing, new loss of taste or smell), are sick known exposure to COVID-19. Should COVID-19 expos	sitive for or are showing lls, shortness of breath r smell), are sick, or have	 Camp seating will be designed to ensure social distancing. Camp supplies will be customized for each child with little to not sharing of supplies. Hand hygiene and respiratory etiquette will be reinforced. 	
symptoms occur, my child will STAY HOME, and I will report it immediately to one of ACAC's Safety Team co-officers: Wendy Heiges or Terry Adamik by calling ACAC at (717) 334-5006. The safety team will act in compliance with applicable law and privacy		 I will instruct my child not to share any snack I send from home. There will be a daily snack time, with only individually packaged food and beverages. 	
concerns in notifying other families of resulting camp closures. All who enter the Arts Education Center will wear a face covering or shield (except for children under 2 years of age or anyone who has trouble breathing, is incapacitated, or is unable to remove the	 Photographs of my child will be taken during camp and may be used by ACAC and its agents to promote the camp experience and/or ACAC programs unless I check this box: I do not give permission for my child's photograph to be taken. 		
covering without help). Face coverings are required for campers, parents, and family representatives.		 If I can't be reached in an emergency, ACAC will notify the contact person I have designated, disclose any of the camper's observable medical information, and release my child into his/her care. I give 	
 A daily touchless temperature reading will be she will not be admitted to camp with a read 	•	consent for my child to receive medical care.	
	any and all claims, causes	ccessors, assigns, legal representatives, organizers, sponsors, of actions and liability arising from or in any way connected	
WAIVER & SIGNATURE OF PARENT/	GUARDIAN (required):		
		Date:	

Print Name

Signature