

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;
- In the 14 days prior to camp, 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.
- 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.
- Awaiting the result of a Covid Test.

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. 4) (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: _____

