

ATTESTATION OF HEALTH STATUS FOR SKIF CAMP 2023

I, _____ (parent's name),

confirm that my child _____ (child's name)

- a) Is not suffering from any respiratory symptoms including cough, cold, runny nose, sore throat or fever.
- b) Has not got any evidence of lice
- c) Has no signs of gastroenteritis like nausea, vomiting or diarrhoea.

I understand that if my child develops medical symptoms (including respiratory or gastrointestinal symptoms) on camp they may be taken to a doctor. Depending on symptoms they may be required to isolate and/or be collected from camp within 12 hours, as determined by the camp doctor and helper. I undertake to arrange collection of my child if that determination is made.

Date:

Signature _____