

Jenness Park Health Screening Procedure

For Groups Staying 3 or More Nights

Description:

As an organized camp Jenness Park Christian Camp is mandated by California Health and Safety Code to require a *“health screening of any observable evidence of illness, injury, or communicable disease; to review and update each person’s health history; and to identify current medical treatment (including medication), allergies or dietetic restrictions (California Code Title 17, Division 1, Chapter 5, Subchapter 6, Article 8, Section 30750 (d)).”* This health screening is required for all campers under the age of 18 who are unaccompanied by a parent or guardian within 24 hours of arrival at camp. To help expedite the process we are asking all guest groups to perform the health screening within 24 hours of arriving at camp. This health screening is not a physical, merely a screening of campers for contagious diseases prior to leaving for camp. Attached is the “Jenness Park Christian Camp Health Screening Form” which needs to be filled out in its entirety and turned in to the main office upon arrival.

Procedure:

1. Group leader and/or a designated adult (hereby referred to as the “health screener”) must perform health screening within 24 hours of departure for Jenness Park Christian Camp
2. Health Screener must check for any signs of illness, disease, or other serious injury as described in the three boxes on the health screening form, circling the applicable conditions in the appropriate columns A, B, C.
3. If any of the conditions listed are found in columns, describe on the lines provided below the boxes. If items are circled in columns A or B please keep student/individual home.
4. Health Screener needs to sign and date form.
5. Turn in completed health screening forms to the Jenness Park main office upon arrival at camp
6. The forms will be reviewed by the Jenness Park Health Supervisor.

For any questions, concerns, or comments please call the Jenness Park office at (209) 965-3735 x120.

JENNESS PARK CHRISTIAN CAMP HEALTH SCREENING FORM

CAMP DATES _____

CAMPER'S NAME: _____

AGE: _____ **DATE OF BIRTH:** _____ **SEX:** M / F

CHURCH/CITY: _____

PARENT/GUARDIAN'S NAME AND PHONE: _____

IF YOU OBSERVE ANY ILLNESS, COMMUNICABLE (INFECTIOUS) DISEASE, OR INJURY AS LISTED BELOW IN THE THREE BOXES, DESCRIBE THE ITEM THAT WAS CIRCLED ON THE LINES PROVIDED BELOW.

A.	B.	C.
ILLNESS (in the last 48 hours) MAY INCLUDE: NAUSEA, VOMITING, DIARRHEA, FEVER, SORE THROAT, RASH, OPEN SORES, PINK EYE, COUGH NOT RELATED TO ASTHMA	COMMUNICABLE DISEASE EXAMPLES: MEASLES, MUMPS, RUBELLA, POLIO, HEPATITIS, TETANUS, DIPHTHERIA, MENINGITIS, PERTUSSIS, INFLUENZA, <u>TUBERCULOSIS</u> ACTIVE (ON MEDICATION) OR INACTIVE (NEGATIVE CHEST X-RAY)	INJURY EXAMPLES: CASTED FRACTURES, RECENT HEAD INJURIES, AND/OR LACERATIONS THAT HAVE STITCHES OR STAPLES – MUST BE CLEARED BY DOCTOR

If any items are circled in either column A or B please have the individual refrain from coming to camp.

*ALL ABOVE INFORMATION WILL BE KEPT CONFIDENTIAL AND ONLY SHARED WITH JENNESS PARK STAFF OR YOUR CHURCH COUNSELOR, IN ORDER TO PROVIDE ADEQUATE HEALTH CARE FOR YOUR CHILD WHILE AT CAMP. THANK YOU.

SIGNATURE OF HEALTH SCREENER: _____ **Date** _____

Official Use:

Reviewed / / Supervisor _____