



Hopetown COVID-19 Screening Form

We are committed to doing all we can to best protect every child and staff member who is a part of Hopetown. Our staff has been fully vaccinated by the Hopetown start date. **In order for your child to participate, this completed form is required to be emailed to hopetown@daystarcounseling.com 24 hours prior to your child's first day of Hopetown summer retreats.**

Child's Name _____
Dates at Hopetown _____

Date of Birth _____
Today's Date _____

Choose **ONE** of the four options. If you have any questions, you may call our senior staff member Kenneth at 615-589-4518.

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| <p>OPTION 1</p> | <p>FULLY VACCINATED 2 WEEKS PRIOR TO HOPETOWN START DATE If your child has been fully vaccinated at least two weeks prior to the beginning of his or her session, no further temperature checks will be needed. Your child's vaccination card must be attached to this form.</p> <p>*MY CHILD HAS BEEN FULLY VACCINATED 2 WEEKS PRIOR TO HOPETOWN _____ Initials</p> |
| <p>OPTION 2</p> | <p>NEGATIVE COVID-19 TEST</p> <ul style="list-style-type: none">A negative molecular COVID-19 test may be completed with quarantine until Hopetown start date. This quarantine can be any amount of days, depending on test availability and your schedule—basically, we're wanting to limit exposure AFTER the negative test to ensure COVID isn't contracted between the test and Hopetown. Results indicating a negative test result must be attached to this form. <p>*MY CHILD HAS RECEIVED A NEGATIVE TEST & SELF-QUARANTINED PRIOR TO HOPETOWN _____ Initials</p> |
| <p>OPTION 3</p> | <p>7-DAY SELF QUARANTINE: Prior to your child's arrival, complete 7 days of self-quarantine to reduce their risk of exposure to COVID-19. Self-quarantining includes all CDC recommendations such as limiting exposure to non-family members, wearing a face mask and maintaining 3 feet of distance from non-family members, avoiding large gatherings, and limiting nonessential travel.</p> <p>*MY CHILD HAS COMPLETED 7 DAY SELF-QUARANTINE PRIOR TO HOPETOWN _____ Initials</p> |
| <p>OPTION 4</p> | <p>POSITIVE COVID TEST WITHIN 90 DAYS FROM HOPETOWN START DATE Test results from a positive molecular COVID-19 test within 90 days of your Hopetown start date must be attached to this form. No further temperature checks will be needed.</p> <p>*MY CHILD HAS A POSITIVE COVID TEST WITHIN 90 DAYS PRIOR TO HOPETOWN _____ Initials</p> |

DAILY TEMPERATURE CHECK:

For a week prior to your child’s arrival at Hopetown, you must record their temperature daily around the same time.

- SEVEN DAYS BEFORE HOPETOWN:** _____
- SIX DAYS BEFORE HOPETOWN:** _____
- FIVE DAYS BEFORE HOPETOWN:** _____
- FOUR DAYS BEFORE HOPETOWN:** _____
- THREE DAYS BEFORE HOPETOWN:** _____
- TWO DAYS BEFORE HOPETOWN:** _____
- ONE DAY BEFORE HOPETOWN:** _____

***MY CHILD HAS BEEN FEVER FREE FOR THE WEEK PRIOR TO HOPETOWN _____ Initials**

SYMPTOMS IN THE 7 DAYS PRIOR TO HOPETOWN:

Mark any that apply to your child.

- Fever (above 100.4 F)
- Cough
- Shortness of Breath
- Body Aches
- Change in Taste or Smell
- Change in Appetite
- Generally Not Feeling Well

If you have had any of these symptoms, a signed doctor’s release **must be attached** when you email this form.

***MY CHILD HAS BEEN SYMPTOM FREE FOR THE WEEK PRIOR TO HOPETOWN _____ Initials**

PRE-EXISTING ILLNESSES – Check any that apply to your child.

- Diabetes
- Immunocompromised
- Respiratory Disease including Asthma
- Cardiovascular Disease

Individuals with preexisting conditions such as diabetes, immunocompromised, respiratory disease including asthma and cardiovascular disease are at an increased risk of severe illness if COVID-19 is contracted. I understand that my child’s pre-existing illness increases the implied risk of COVID-19.

***I UNDERSTAND THE IMPLIED RISK OF PRE-EXISTING ILLNESSES _____ Initials**

CONTACT HISTORY – Check any that apply to your child.

- The child has been diagnosed with COVID-19.
- The child has a close contact that has been in contact with someone exposed to or infected with COVID-19 in the last 14 days.
- The child has a household member currently on a watch list for COVID-19 exposure.

If any of the above apply to your child, they will not be allowed to attend Hopetown and you will be eligible for a refund. Please let us know as soon as possible by calling the front office at 615-298-5353 and leaving a voicemail.

***I VERIFY THAT I HAVE ANSWERED ALL QUESTIONS TRUTHFULLY _____ Initials**

The health and safety of Hopetown is our priority. In order to make an informed choice about your participation this summer, we want to help you understand measures we are putting in place to best protect our kids and staff. We are focused on taking all reasonable steps to prevent the spread of COVID-19 at Hopetown. We have taken measures to monitor and address symptomatic children by introducing this health screening, daily temperature checks, and protocols to isolate, confirm, respond, and remove any child or staff with suspected COVID-19. Visit our website www.daystarcounseling.com to learn more about steps we are taking.

This situation continues to change daily, and as such, we will adapt and adjust our protocols and procedures as we follow the guidance provided by the CDC and local health departments, in our efforts to help keep our kids, staff, and families safe.

If the guidelines don’t work for you, if you have a conflict with your child’s new date, or if you feel concerned about your child attending Hopetown, **a full refund will be provided until May 25, 2021.** It is entirely up to you if you feel comfortable with them being a part of Hopetown this summer—and your comfort level, and theirs, are very much a priority for us. Please let us know as soon as possible if your child won’t be attending, so that we can make arrangements and respond to our waiting list. With the exception of illness, refunds will not be available for those that drop after May 25.

I give the Hopetown staff permission to screen my child for health concerns including a daily temperature check. *Signing below states that you have read and agreed to the disclosure for retreats at Hopetown.*

Signature of Parent/Guardian _____

Date _____