



YAA SUMMER CAMP/ CLASS COVID QUESTIONNAIRE & AGREEMENT 2020

Child #1 Name: _____ **Child #2 Name:** _____

Parent Name: _____ **Cell Number:** _____

Young At Art Museum is committed to the health of our visitors and staff and promoting the safety of our community is our top priority. We are continuing to monitor each update on COVID-19 and are following the recommendations of public health officials and the CDC.

As a family institution, following best practices when it comes to hygiene is paramount. In addition to promoting frequent hand washing, enhancements have been made to our daily cleaning routine as we ensure our staff is diligently disinfecting and sanitizing common area surfaces and high traffic areas multiple times throughout the day. There will be stringent guidelines that include the following: handwashing procedures, frequent cleaning and social distancing in classrooms and exhibits, masks worn by both children and teachers, curbside pick-up/ drop-off, temperature checks during curbside check-in with a touchless thermometer, "Stay at Home" protocol for any campers who exhibit symptoms upon check-in, protocol for the immediate separation and pick up of campers who develop symptoms, students to bring their own lunches to reduce food handling, "Camp only" bathrooms and bathrooms cleaned after each use. Please note children will not be in the galleries with the general public.

We are asking children and families who are exhibiting flu-like symptoms or have recently traveled by plane, train or cruise ship to known hotspots to refrain from registering. We reserve the right to turn away participants from registering who exhibit any of the symptoms below.

Please fill out the survey below honestly and remit to Artinstitute@youngatartmuseum.org the Thursday before the start of the session to which your child is enrolled. This form only applies to campers who are taking on-site programs.

1. Have you, your child or anyone in your household had any of the following symptoms or combination of symptoms in the last 14 days. Please circle any of the symptoms experienced by you, your child or member of your household:

- Cough
- Fever 100°F or above
- Shortness of breath or difficulty breathing
- Chills
- Repeated shaking with chills
- Muscle Pain
- Diarrhea
- Headache
- Vomiting
- Sore throat
- Nausea
- New Loss of taste or smell
- Sore throat
- Sudden fatigue
- Unexplained rash
- Extremely red eyes



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2. Have you, your child or anyone in your household cared for or lived in the same dwelling with someone who has demonstrated any of the following symptoms or combination of symptoms in the last 14 days:

- Cough
- Fever 100°F or above
- Shortness of breath or difficulty breathing
- Chills
- Repeated shaking with chills
- Muscle Pain
- Diarrhea
- Headache
- Vomiting
- Sore throat
- Nausea
- New Loss of taste or smell
- Sore throat
- Sudden fatigue
- Unexplained rash
- Extremely red eyes

3. Have you, your child or anyone in your household had close contact (within 6 feet) with, cared for, or lived in the same dwelling as someone who was diagnosed with COVID-19 within the last 14 days?

YES NO

4. Have you, your child or anyone in your household been tested for COVID-19 in the last 14 days?

YES NO

5. Have you, your child or anyone in your household traveled by plane, train, or boat (cruise, yacht, etc) in the last 14 days? If yes, to where?

YES NO

If yes, please include all port stops, terminal locations or layovers?

Thank you for your honest feedback. A staff person will respond to you by Friday.

I attest that that I have answered truthfully to all questions:

Print Name: _____ **Sign:** _____ **Date:** _____