HIGHLAND LAKES CAMP & CONFERENCE CENTER
5902 Pace Bend Rd N, Spicewood TX 78669 || 512-264-1777
www.hlccc.org || register@hlccc.org

HEALTH SCREENING

CHURCH NAME: _____

GROUP LEADER NAME:_____

SIGNATURE _____ DATE: _____

Complete this form on Camp Day **before** departure for Highland Lakes Camp. Bring it with you to Check-In.

NAME ALL Adults & Students	**TEMPERATURE** Record Temp for ALL Fever > 100.4 = do not come to camp	**SYMPTOM** of any illness e.g. cough, headache, diarrhea, sore throat, etc	**YES SYMPTOM** Define
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