Dear Parent / Guardian,

Please be sure to return all items listed below in order to register your child for camp:

- This Parent Checklist
- Immunization Record
  (attach form from child’s doctor)
- Registration Form, Side One
- Registration Form, Side Two
- Health History Form, Side One
- Health History Form, Side Two
- Camper Medication Form (Only applicable if camper will be taking medication during the camp day)
- Payment for each child (amounts and due dates listed on registration form)

If you have any questions please contact us at info@watertownbgc.org or 617-926-0968. Thank you!
Insert Immunization Record
(form from child’s doctor)
## Summer Adventure Registration Form

**PLEASE CHECK:**  
- ® CAMPER (ages 7-12)  
- ® JCL (Junior Camp Leader age 13 and up)

### Camper’s Information
- **First Name:** [Blank]  
- **Last Name:** [Blank]  
- **Date of Birth (MMDDYYYY):** [Blank]  
- **Age:** [Blank]

### Address
- **no.** [Blank]  
- **street** [Blank]  
- **city/town** [Blank]  
- **state** [Blank]  
- **zip** [Blank]

### School
- **Current Grade** [Blank]  
- **Gender:** [Blank]  
- **Nickname:** [Blank]

### 1ST PARENT / GUARDIAN INFORMATION
- **First Name:** [Blank]  
- **Last Name:** [Blank]  
- **Relationship to Camper:** [Blank]  
- **1st Parent/Guardian’s Contact Numbers (in the order we should try to reach you):**  
  - **1st #:** [Blank]  
  - **2nd #:** [Blank]  
  - **3rd #:** [Blank]  
- **Address (if different from member):** [Blank]  
- **Employer:** [Blank]  
- **Job Title / Occupation:** [Blank]  
- **1st Parent/Guardian’s Email:** [Blank]

### 2ND PARENT / GUARDIAN INFORMATION
- **First Name:** [Blank]  
- **Last Name:** [Blank]  
- **Relationship to Camper:** [Blank]  
- **2nd Parent/Guardian’s Contact Numbers (in the order we should try to reach you):**  
  - **1st #:** [Blank]  
  - **2nd #:** [Blank]  
  - **3rd #:** [Blank]  
- **Address (if different from member):** [Blank]  
- **Employer:** [Blank]  
- **Job Title / Occupation:** [Blank]  
- **2nd Parent/Guardian’s Email:** [Blank]

### Summer Adventure times: 8:00 AM — 5:30 PM

<table>
<thead>
<tr>
<th>Wk#</th>
<th>2020 Camp Dates</th>
<th>CAMPER PRICE</th>
<th>JCL PRICE Ages 13 - 15</th>
<th>7:15 AM Drop Off</th>
<th>DUE BY</th>
<th>WBGC Member #</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td><strong>Summer Membership Fee (Required)</strong></td>
<td><strong>$10.00</strong></td>
<td><strong>$10.00</strong></td>
<td>x</td>
<td>Due upon registration</td>
<td>Membership Fee is Required.</td>
</tr>
<tr>
<td>1</td>
<td>June 22 – June 26 (Camp Clubhouse @ WBGC)</td>
<td>$240.00</td>
<td>$125.00</td>
<td>$50.00</td>
<td>6/1</td>
<td>Camp Clubhouse</td>
</tr>
<tr>
<td>2</td>
<td>June 29 - July 2 (Camp Clubhouse @ WBGC) 4 day camp</td>
<td>$190.00</td>
<td>$70.00</td>
<td>$40.00</td>
<td>6/1</td>
<td>Closed Friday, July 3rd.</td>
</tr>
<tr>
<td>3</td>
<td>July 6 - July 10 (Hale)</td>
<td>$240.00</td>
<td>$125.00</td>
<td>$50.00</td>
<td>6/1</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>July 13 - July 17 (Hale)</td>
<td>$240.00</td>
<td>$125.00</td>
<td>$50.00</td>
<td>6/1</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>July 20 - July 24 (Hale)</td>
<td>$240.00</td>
<td>$125.00</td>
<td>$50.00</td>
<td>6/1</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>July 27 - July 31 (Hale)</td>
<td>$240.00</td>
<td>$125.00</td>
<td>$50.00</td>
<td>6/1</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>August 3 - August 7 (Hale)</td>
<td>$240.00</td>
<td>$125.00</td>
<td>$50.00</td>
<td>7/1</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>August 10 - August 14 (Hale)</td>
<td>$240.00</td>
<td>$125.00</td>
<td>$50.00</td>
<td>7/1</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>August 17 – August 21 (Hale)</td>
<td>$240.00</td>
<td>$125.00</td>
<td>$50.00</td>
<td>7/1</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>August 24 – August 28 (Hale)</td>
<td>$240.00</td>
<td>$125.00</td>
<td>$50.00</td>
<td>7/1</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>August 31– September 3 Trip Week - 4 days</td>
<td>$270.00</td>
<td>$170.00</td>
<td>$40.00</td>
<td>7/1</td>
<td>Closed Friday, September 4th.</td>
</tr>
</tbody>
</table>

Deposit of $10— membership fee and $50— per session required at time of registration. Payment can be made via cash or check, or online with a credit card. Online fees apply.

### Parent Packet Received
- **Date:** [Blank]  
- **Parent Initials:** [Blank]

### OFFICE USE
- **Health History:** [Blank]  
- **Physician / Physical Form:** [Blank]  
- **Medication / Epi / Inhaler:** [Blank]
- **Amount Received:** [Blank]  
- **ck#** [Blank]  
- **Date:** [Blank]  
- **Application Received by:** [Blank]

---

Watertown Boys & Girls Club’s mission is to inspire and enable all young people, especially those who need us most, to realize their full potential as productive, responsible and caring citizens.
IN CASE OF AN EMERGENCY, WE WILL FIRST CALL THE PARENTS / GUARDIANS LISTED ON FRONT OF THIS FORM. If they cannot be reached, we will call the following people (in the order listed below). Anyone listed here is also granted permission to pick up this camper.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to camper</th>
<th>Emergency Contact Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*AT THE END OF EACH CAMP DAY, CAMPERS WILL NEED TO BE SIGNED OUT BY PARENT/AUTHORIZED PERSON(S). Please be prepared to show ID at pick-up. We cannot leave a child unattended to wait for pick-up. Please note a fee may be applied for any child picked up late.

Does your child have any medical concerns (ie: physical limitations or behavioral issues), an IEP at school or anything else that we should be aware of? Please explain:

(Feel free to attach additional info as needed)

DEMOGRAPHICS—Your responses to the elements below are kept CONFIDENTIAL and are crucial for funders and help us keep membership fees low by securing donations and grants.

Household Type:
- Rent
- Own
- Public Housing
- Other: ___________________

Language most used at home:

Family Setting:
- Both Parents
- Single Parent: _Lives with:_________________
- Guardian
- Foster Parent(s)
- Grandparents(s)

Total Family Size: (includes parents, children, anyone living in home)
- (Check One):  _o 2 _o 3 _o 4 _o 5 _o 6 _o 7 _o 8 or more

Number of Brothers: __________
Number of Sisters: __________

Number of Parents: __________

Number of Grandparents: ______

School Lunch Program: (check one)
- Free or Reduced Lunch
- Pay for lunch

Is a member of your immediate family currently serving active military duty?  _o Y _o N

Race (Check One):
- American Indian or Native American
- African American / Black
- Asian
- Caucasian/White
- Hispanic / Latino
- Native Hawaiian / Pacific Islander
- Other: ______________

Ethnicity (please check one):
- American
- Armenian
- Asian
- Brazilian
- Caucasian/White
- Haitian
- Hawaiian
- Irish
- Korean
- Native Hawaiian / Pacific Islander
- Native American
- Other: __________
- Pacific Islander
- Portuguese
- Russian

Assistant Program (Check all that apply):
- Social Security
- Medicaid
- TANF (Temporary Assistance for Needy Families)
- WIC (Women Infants & Children)
- Veterans Compensation
- Other: __________

Household Annual Income — Select the range that best fits
- $0 - $10,000
- $10,001 - $20,000
- $20,001 - $30,000
- $30,001 - $40,000
- $40,001 - $50,000
- $50,001 - $60,000
- $60,001 - $70,000
- $70,001 - $80,000
- $80,001 - $90,000
- $90,001 - $100,000
- $100,001 - $110,000
- $110,001 - $120,000
- $120,001 - $130,000
- $130,001 - $140,000
- $140,001 - $150,000
- $150,001 or over
- Other: __________
- I choose to leave this section blank

IMPORTANT NOTE TO PARENT / GUARDIAN: To register, a NON-REFUNDABLE deposit of $50.00 for each session is required. Balance must be paid by June 1st for July sessions, and July 1st for August Sessions. Failure to pay balance by due date could result in forfeiture of your child’s spot. Any cancellation made less than one week in advance will result in forfeiting the entire week’s fee. Any behavioral problems or violation of Club or camp rules will result in camper being suspended from the summer program with NO REFUND in camp fees.

I understand that my child __________________ is a registered camper of the Summer Program of Watertown Boys & Girls Club (WBGC), and a swimmer of WBGC – (membership valid through 9/3/2020). They may participate in the activities offered at the Club. The membership fees and deposits are non-refundable.

Camper must be signed out each day. Summer Adventure Campers must be picked up no later than 5:30 p.m. Swim Camp Campers must be picked up no later than 2:30 for regular day option, and no later than 5:30 for extended day option. Adults signing out the camper must be prepared to show identification each day.

A late fee of $1.00 per minute will be charged for campers that are picked up late. Continual late pickup may result in a child’s suspension or removal from the program.

I give permission for my child to be used in photos, videos, literature and news releases when taking part in Club events and at the Summer Program.

I understand that my child may be transported in the Club’s vans or associated vehicles to and from the Summer Program and related events. I understand that I will assume full responsibility for any accidents incurred, hereby releasing Watertown Boys & Girls Club, its’ staff and its’ directors of all liabilties.

Campers fees are non-refundable. Cancellations of sessions must be submitted in writing at least two weeks prior to the session start date in order to be credited. Refunds (minus the non-refundable deposit per session) will be considered only with a doctor’s note.

Parent / Guardian Signature: ___________________________ Date: ___________________________

25 Whites Avenue / Watertown, MA 02472 / 617-926-0968 / info@watertownbcg.org

GREAT FUTURES START HERE
## 2020 Summer Swim Camp Registration Form

**PLEASE CHECK:  o CAMPER (ages 6-12)  o JCL (Junior Camp Leader age 13+)**

<table>
<thead>
<tr>
<th>Camper's First Name:</th>
<th>Camper's Last Name:</th>
<th>Date of Birth (MM/DD/YYYY):</th>
<th>Age:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Address:**
- no.
- street
- city/town
- state
- zip

**School:** [ ]
**Current Grade:** [ ]
**Gender:** [ ]
**Nickname:** [ ]

### 1ST PARENT / GUARDIAN INFORMATION

| First Name: | Last Name: | Relationship to Camper: | 1st Parent/Guardian’s Contact Numbers (in the order we should try to reach you):
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>● 1st #:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Address (if different from member):

**1st Parent/Guardian’s Email:** [ ]

### 2ND PARENT / GUARDIAN INFORMATION

| First Name: | Last Name: | Relationship to Camper: | 2nd Parent/Guardian’s Contact Numbers (in the order we should try to reach you):
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>● 1st #:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Address (if different from member):

**2nd Parent/Guardian’s Email:** [ ]

---

**Camp hours:** 8:00 a.m. - 2:00 p.m.

**Please Circle Weeks:**

<table>
<thead>
<tr>
<th>Wk#</th>
<th>Camp Dates</th>
<th>CAMPER PRICE</th>
<th>7:15 AM Start $50</th>
<th>2:30–5:30 P.M. Extended Day $85</th>
<th>JCL Price (ages 13-15)</th>
<th>DUE BY:</th>
<th>WBGC Member # [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>Membership Fee (Required)</td>
<td>$10</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Membership Fee due upon registration</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Membership Fee (Required)</td>
<td>$10</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Membership Fee due upon registration</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>June 22 - June 26 (Camp Clubhouse ONLY - NOT SWIM CAMP!)</td>
<td>$240.00</td>
<td>$50.00</td>
<td>n/a</td>
<td>$125.00</td>
<td>6/1</td>
<td>Camp is at WBGC! NOT SWIM CAMP</td>
</tr>
<tr>
<td>2</td>
<td>June 29 - July 2 (4 day camp)</td>
<td>$190.00</td>
<td>$40.00</td>
<td>$70.00</td>
<td>$125.00</td>
<td>6/1</td>
<td>Closed Friday, July 3rd.</td>
</tr>
<tr>
<td>3</td>
<td>July 6 - July 10</td>
<td>$240.00</td>
<td>$50.00</td>
<td>$85.00</td>
<td>$125.00</td>
<td>6/1</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>July 13 - July 17</td>
<td>$240.00</td>
<td>$50.00</td>
<td>$85.00</td>
<td>$125.00</td>
<td>6/1</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>July 20 - July 24</td>
<td>$240.00</td>
<td>$50.00</td>
<td>$85.00</td>
<td>$125.00</td>
<td>6/1</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>July 27 - July 31</td>
<td>$240.00</td>
<td>$50.00</td>
<td>$85.00</td>
<td>$125.00</td>
<td>6/1</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>August 3 - August 7</td>
<td>$240.00</td>
<td>$50.00</td>
<td>$85.00</td>
<td>$125.00</td>
<td>7/1</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>August 10 - August 14</td>
<td>$240.00</td>
<td>$50.00</td>
<td>$85.00</td>
<td>$125.00</td>
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<td>$50.00</td>
<td>$85.00</td>
<td>$125.00</td>
<td>7/1</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>August 24 - August 28 Camp HALE ONLY - NOT SWIM CAMP!</td>
<td>$240.00</td>
<td>$50.00</td>
<td>n/a</td>
<td>$125.00</td>
<td>7/1</td>
<td>Camp is at HALE! (bus from WBGC)</td>
</tr>
<tr>
<td>11</td>
<td>August 31 - September 3 Trip Week—4 days NOT SWIM CAMP</td>
<td>$270.00</td>
<td>$40.00</td>
<td>n/a</td>
<td>$170.00</td>
<td>7/1</td>
<td>Closed Friday, September 4th.</td>
</tr>
</tbody>
</table>

**NOTES**

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<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to camper</th>
<th>Emergency Contact Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Does your child have any medical concerns (ie: physical limitations or behavioral issues), an IEP at school or anything else that we should be aware of? Please explain:  (Feel free to attach additional info as needed)

DEMOGRAPHICS—Your responses to the elements below are kept CONFIDENTIAL and are crucial for funders and help us keep membership fees low by securing donations and grants.

<table>
<thead>
<tr>
<th>Household Type:</th>
<th>Language most used at home:</th>
<th>Family Setting:</th>
<th>Total Family Size: (includes parents, children, anyone living in home)</th>
</tr>
</thead>
<tbody>
<tr>
<td>◊ Rent</td>
<td>◊ Own</td>
<td>◊ Both Parents</td>
<td>(Check One): α 2  o 3  o 4  o 5  o 6  o 7</td>
</tr>
<tr>
<td>◊ Own</td>
<td>◊ Public Housing</td>
<td>◊ Single Parent:</td>
<td>α 8 or more</td>
</tr>
<tr>
<td>◊ Public Housing</td>
<td>◊ Other:</td>
<td>◊ Lives with:</td>
<td>Number of Brothers: ________</td>
</tr>
<tr>
<td>◊ Other:</td>
<td>◊ Guardian</td>
<td>◊ Guardian</td>
<td>Number of Sisters: ________</td>
</tr>
</tbody>
</table>

School Lunch Program: (check one)

- □ Free or Reduced Lunch
- □ Pay for lunch

Is a member of your immediate family currently serving active military duty?  o Y  o N

| Household Annual Income – Select the range that best fits | Assistance Program (Check all that apply):
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ $0 - $10,000</td>
<td>◊ Social Security</td>
</tr>
<tr>
<td>□ $10,001 – $20,000</td>
<td>◊ Medicaid</td>
</tr>
<tr>
<td>□ $20,001 – $30,000</td>
<td>◊ Veterans Compensation</td>
</tr>
<tr>
<td>□ $30,001 – $40,000</td>
<td>◊ TANF (Temporary Assistance for Needy Families)</td>
</tr>
<tr>
<td>□ $40,001 – $50,000</td>
<td>◊ WIC (Women Infants &amp; Children)</td>
</tr>
<tr>
<td>□ $50,001 – $60,000</td>
<td>◊ Other: __________</td>
</tr>
<tr>
<td>□ $100,001 – $110,000</td>
<td></td>
</tr>
<tr>
<td>□ $110,001 – $120,000</td>
<td></td>
</tr>
<tr>
<td>□ $120,001 – $130,000</td>
<td></td>
</tr>
<tr>
<td>□ $130,001 – $140,000</td>
<td></td>
</tr>
<tr>
<td>□ $140,001 – $150,000</td>
<td></td>
</tr>
</tbody>
</table>

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Please initial: __________

I understand that my child ____________________________ is a registered camper of the Summer Program of Watertown Boys & Girls Club (WBGC), and a summer member of WBGC - (membership valid through 9/3/2020). They may participate in the activities offered at the Club. The membership fees and deposits are non-refundable.

I give permission for my child to be used in photos, videos, literature and news releases when taking part in Club events and at the Summer Program.

I give permission for my child to be used in photos, videos, literature and news releases when taking part in Club events and at the Summer Program.

I understand that my child may be transported in the Club’s vans or associated vehicles to and from the Summer Program and related events. I understand that I will assume full responsibility for any accidents incurred, hereby releasing Watertown Boys & Girls Club, its' staff and its' directors of all liabilities.

Camper fees are non-refundable. Cancellations of sessions must be submitted in writing at least two weeks prior to the session start date in order to be credited. Refunds (minus the non-refundable deposit per session) will be considered only with a doctor’s note.

Please initial: __________

Parent / Guardian Signature: ___________________________ Date: __________
**At Hale**

2020 Health History, Emergency Contact, and Release Form

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>TELEPHONE NUMBER</th>
<th>FAX NUMBER</th>
<th>WEBSITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name:</td>
<td></td>
<td></td>
<td>Middle Initial:</td>
</tr>
<tr>
<td>First Name:</td>
<td></td>
<td>Birth Date (MM/DD/YYYY):</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street</th>
<th>City/Town</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male (circle one) Female</td>
<td>Identifying Marks:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Parent or Guardian Information**

<table>
<thead>
<tr>
<th>Parent or Guardian</th>
<th>Address</th>
<th>Parent or Guardian</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Only if different from address above)</td>
<td></td>
<td>(Only if different from address above)</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td>Work</td>
<td>Phone</td>
<td>Work</td>
</tr>
<tr>
<td>Cell Phone</td>
<td></td>
<td>Cell Phone</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
<td>Email</td>
<td></td>
</tr>
</tbody>
</table>

Please list at least one emergency contact that, if necessary, could provide transportation home.

<table>
<thead>
<tr>
<th>Emergency Contact</th>
<th>Emergency Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cell Phone</td>
<td>Work</td>
</tr>
</tbody>
</table>

**Allergies**

<table>
<thead>
<tr>
<th>Insect Bite</th>
<th>Yes (circle one) No</th>
<th>Reaction</th>
<th>Severity: Mild – Moderate – Severe (circle one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bee Sting</td>
<td>Yes (circle one) No</td>
<td>Reaction</td>
<td>Severity: Mild – Moderate – Severe (circle one)</td>
</tr>
<tr>
<td>Food</td>
<td>Yes (circle one) No</td>
<td>Reaction</td>
<td>Severity: Mild – Moderate – Severe (circle one)</td>
</tr>
<tr>
<td>Seasonal</td>
<td>Yes (circle one) No</td>
<td>Reaction</td>
<td>Severity: Mild – Moderate – Severe (circle one)</td>
</tr>
<tr>
<td>Medications</td>
<td>Yes (circle one) No</td>
<td>Reaction</td>
<td>Severity: Mild – Moderate – Severe (circle one)</td>
</tr>
<tr>
<td>Other</td>
<td>Yes (circle one) No</td>
<td>Reaction</td>
<td>Severity: Mild – Moderate – Severe (circle one)</td>
</tr>
</tbody>
</table>

Please explain/specific any of the above that were answered “Yes” (i.e. type of food allergy, medication associated, etc.)

If medications will be administered at camp for above allergies a "Medication Information Form" must be completed.

**Physician Information**

<table>
<thead>
<tr>
<th>Name of family physician:</th>
<th>Phone:</th>
</tr>
</thead>
</table>

**Insurance Information**

<table>
<thead>
<tr>
<th>Insurance Carrier:</th>
<th>Policy Holder Name:</th>
<th>Policy/Group #:</th>
</tr>
</thead>
</table>

**Immunization History:** Massachusetts requires a Certificate of Immunization for all campers and staff. You may use the form provided or a copy from your doctor's office. [ ] Check if attached.

This is a two-sided document. Please fully complete both sides.
Camper or Staff Name ____________________________

Relevant Past Medical History, General Information, and Restrictions

Does your child (or staff member) have Asthma? Yes (circle one) No

"Will your child (or staff member) be bringing an inhaler to camp? Yes (circle one) No

Are there any physical, mental, or psychological conditions requiring medication, treatment, or restrictions while at camp?

______________________________________________________________________________

*Does your child (or staff member) take any prescription or over-the-counter medication at home? Yes (circle one) No

Please list any past medical treatment or recent injuries:
______________________________________________________________________________

Describe any specific activities from which your child (or staff member) should be exempted:

______________________________________________________________________________

Any dietary modifications or restrictions? Yes (circle one) No Please explain:

______________________________________________________________________________

Does your child have an IEP or 504 plan? Yes (circle one) No Please explain:

______________________________________________________________________________

Are there any accommodations or services that we can provide to make the summer as successful as possible?

______________________________________________________________________________

Please share any information that would help Hale Summer Staff best serve your child:

______________________________________________________________________________

______________________________________________________________________________

*If "Yes" a "Medication Information Form" must be completed

Authorizations:

Accuracy of Information: This health history is correct so far as I know and the person herein described has permission to engage in all camp activities except as noted.

Photo Release: I authorize Hale, Partner Camp and American Camp Association to have my child’s (or staff members) photo to appear in camp brochures, videos, on websites or other promotional literature.

Authorization for Treatment: In case of an emergency, I authorize Hale to administer first aid and to transport my child or (staff member) to the nearest hospital emergency room and to order X-rays; routine tests and treatment; and to release any records necessary for insurance purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director, or his/her designee, to secure and administer treatment, including hospitalization, for the person named above. I understand that any fees for consultation or special care, charged by physicians or trained nurses who may be called to assist the health center staff in case of illness of a camper, medicines, and charges for any service or care beyond those ordinarily provided at the health center are my responsibility to pay for. This form can be photocopied for camp trips.

Authorization for Medications: I authorize the Hale Health Staff and its designees to administer the following medications (on an "as needed" basis unless contraindicated): Acetaminophen (Tylenol), Ibuprofen (Motrin/Advil), Antacid (Tums), Diphenhydramine HCl (Benadryl), and Anti-Itch Creams.

Acknowledgment of Risk and Waiver: I understand and acknowledge my camper (or staff member) may participate in a variety of activities including: swimming, boating, outdoor games, sports, rope course, and other rigorous physical activities. I hereby release and discharge, and agree to indemnify and hold harmless Hale Reservation and its officers, directors, members, agents, employees, volunteers, and any other persons or entities on its behalf, against all claims, demands, and causes of actions whatsoever, either in law or equity, relating to or arising from any participation, medical treatment, recommendation, transportation or administration, or any lack thereof.

Signature of Parent/Guardian of Camper, Staff Member, or Parent/Guardian of Staff Member under 18 years of Age

Signature ____________________________ Date ____________

This is a two-sided document. Please fully complete both sides.
# Consent Form

**Authorization to Administer Medication to a Camper**

### Camper and Parent/Guardian Information

<table>
<thead>
<tr>
<th>Camper's Name:</th>
<th>Food/Drug Allergies:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age:</td>
<td></td>
</tr>
<tr>
<td>Diagnosis (at parent/guardian discretion):</td>
<td></td>
</tr>
<tr>
<td>Parent/Guardian's Name:</td>
<td></td>
</tr>
<tr>
<td>Home Phone:</td>
<td>Cell Phone:</td>
</tr>
<tr>
<td>Emergency Contact Name:</td>
<td>Telephone:</td>
</tr>
</tbody>
</table>

### Licensed Prescriber Information

<table>
<thead>
<tr>
<th>Name of Licensed Prescriber:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Phone:</td>
<td>Emergency Phone:</td>
</tr>
</tbody>
</table>

### Medication Information 1

<table>
<thead>
<tr>
<th>Name of Medication:</th>
<th>Route of Administration:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dose given at camp:</td>
<td>Frequency: Date Ordered:</td>
</tr>
<tr>
<td>Duration of Order:</td>
<td>Expiration date of Medication Received:</td>
</tr>
<tr>
<td>Special Storage Requirements:</td>
<td></td>
</tr>
<tr>
<td>Special Directions (e.g., on empty stomach/with water):</td>
<td></td>
</tr>
<tr>
<td>Special Precautions:</td>
<td>Possible Side Effects/Adverse Reactions:</td>
</tr>
<tr>
<td>Other medications (at parent/guardian discretion):</td>
<td>Location where medication administration will occur:</td>
</tr>
</tbody>
</table>

### Medication Information 2

<table>
<thead>
<tr>
<th>Name of Medication:</th>
<th>Route of Administration:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dose given at camp:</td>
<td>Frequency: Date Ordered:</td>
</tr>
<tr>
<td>Duration of Order:</td>
<td>Quantity Received:</td>
</tr>
</tbody>
</table>

Expiration date of Medication Received:

Special Storage Requirements:

Special Directions [e.g., on empty stomach/with water]:

Special Precautions:

Possible Side Effects/Adverse Reactions:

Other medications (at parent/guardian discretion):

Location where medication administration will occur:

**Authorization Information**

I hereby authorize the health care consultant or properly trained health care supervisor at _______ [name of camp] to administer, to my child, _______ [name of camper] the medication(s) listed above, in accordance with 105 CMR 430.160(C) and 105 CMR 430.160(D) [see below].

If above listed medication includes epinephrine injection system:

I hereby authorize my child to self-administer, with approval of the health care consultant

☐ Yes ☐ No ☐ Not Applicable

I hereby authorize an employee that has received training in allergy awareness and epinephrine administration to administer

☐ Yes ☐ No ☐ Not Applicable

If above listed medication includes insulin for diabetic management:

I hereby authorize my child to self-administer, with approval of the health care consultant

☐ Yes ☐ No ☐ Not Applicable

Signature of Parent/Guardian: ___________________________ Date: _______  

** Health Care Consultant** at a recreational camp is a Massachusetts licensed physician, certified nurse practitioner, or a physician assistant with documented pediatric training. **Health Care Supervisor** is a staff person of a recreational camp for children who is 18 years old or older, is responsible for the day to day operation of the health program or component, and is a Massachusetts licensed physician, physician assistant, certified nurse practitioner, registered nurse, licensed practical nurse, or other person specially trained in first aid.