



DAY CAMP Health Form and Waiver Instructions

By selecting a Mass Audubon Day Camp for your child you are letting your child know that caring for the Earth is important and you are helping to protect the Nature of Massachusetts today. We thank you for your support.

The following forms are to be completed after you have received confirmation from the **day camp** stating that your child has been accepted into the program. Each Mass Audubon Day Camp has its own brochure and registration form. The camp will send you a confirmation letter and a camp information packet upon processing your registration. Please check the camp brochure for the payment and form deadlines as well as the camp refund policy.

Please contact the camp director today—

- If your child has any special conditions, needs, or limitations, you must speak with the Program Director prior to being accepted into the program to determine if the needs of your child can be accommodated. Non-disclosure may result in dismissal from the program with no refund.
- If your child does not have health and accident insurance valid within the USA, contact the camp today.
- If the religious beliefs of your family contraindicate physical exams and/or immunizations, contact the camp director regarding our emergency treatment policy and waiver.
- If you have any concerns regarding the Waivers—Agreement of Terms, Image Release, or Acknowledgement of Risk, call the camp director.

Forms—

- **Forms must be completed and submitted prior to every camp season.**
- Each Mass Audubon day camp that your child attends must have a copy of these signed forms on site. Please make a notation on any copies of which site holds the original.

You may fill in the form on your computer, but it must be printed out, signed, and mailed or delivered to the camp along with the physician's record and for some programs, a copy of the insurance card. We suggest that you save a record for your files.

Checklist:

- ☐ Fill out the **Camp Health Form**, the pages numbered 1 – 4. ➡ 1. Signature required on page 4.
- ☐ Read and sign the **Waivers**, pages 5 – 7
 - ☐ Agreement of Terms. ➡ 2. Signature required on the page numbered 5.
 - ☐ Audio/Visual Image Release. ➡ 3. Signature requested on the page numbered 5
 - ☐ Acknowledgement of Risk. ➡ 4. Signature required on the page numbered 6.
- ☐ Attach a copy of your child's **physician record**. A physical done 24 months prior to camp is accepted as long as the immunizations requirements set by the Massachusetts Department of Public Health are met. Note: We have provided a form for a doctor to use if he/she does provide her/his own form. You do not need to use the Health Care Record form we have provided.
- ☐ Attach a copy of the child's Allergy and/or Asthma Action Plan, if your child has one.
- ☐ Attach a copy of the **insurance card**, if your child is registered for a program that has trips out-of-camp and/or has an overnight.

DAY CAMP Health Form, Medical Waiver and Release

- ◆ The following information **must be completed by the parent/legal guardian of the minor/camper.** The intent of this information is to provide health personnel with the background to provide appropriate care. We will strive to protect the privacy of the minor/camper. Please provide us with all possible information so that we can be aware of your needs. **This form may be copied for trips off-site.**
- ◆ If any changes occur at anytime, you must inform the program coordinator/camp director.
- ◆ **See your confirmation letter for deadline dates.**
- ◆ If you need a listing of the required Massachusetts immunizations, ask your camp for a "Health Care Record" form.
- ◆ **A copy of the child's immunization record from his/her healthcare provider must accompany this form.**

Date

Sessions/Group

Name of Participant _____ **Nickname** _____

Last First Middle

☐ Female ☐ Male Date Of Birth: _____ Age as of June 15: _____ Grade entering in fall: _____

Home address _____ Phone (h) _____

Street address City State Zip

Summer address _____ Phone (s) _____

(If staying there during program) Street address City State Zip

Custodial parent or guardian _____ **Relationship** _____

Home address _____

(If differs from above) Street address City State Zip

Phone (Day) _____ (Eve) _____ (Cell) _____

E-mail _____

(Needed for camp communication)

Second parent or guardian _____ **Relationship** _____

Home address _____

(If differs from above) Street address City State Zip

Phone (Day) _____ (Eve) _____ (Cell) _____

E-mail _____

Additional Contact Person ◆ **Must be completed.** Should know the child well and/or can assist us in reaching the guardian.
(Person other than the guardians) ◆ Please include this person on the Release/Pick Up list on page 4, if near enough.

Name _____ (Cell) _____ (Other phone) _____

Relationship _____ Address _____

Street address City State Zip

Insurance Information ◆ **Must be completed.**

☐ This child is not covered by health and accident insurance or Medicaid.

☐ **A copy of the child's insurance card** must be provided if his/her program goes on trips off-site or has an overnight.

Insurance carrier or Plan Name _____ Insurance ID # _____

Name of insured _____ Relationship to participant _____

Health Care Provider Name _____ Phone _____

Name of provider's practice _____ Address _____

☐ A copy the child's **immunization record** and physical conducted within 24 months of camp must accompany this form.

For office use..

☐ Incomplete
☐ Called _____
☐ Return by _____

Reviewed by _____
Date: _____

☐ Immuno
☐ Health Form
☐ Release To
☐ Photo Y N
☐ Terms
☐ Risk

☐ Behav Agree
☐ Physical
☐ InsurCard

☐ Extended Day
☒ All Foms In

Allergies:

Med Condition/
Restrictions, ect:

At camp meds:

Name of Child: _____

Dietary Restrictions

Check all restrictions that apply.

**Peanuts/Nuts: Due to the public nature of our site we cannot guarantee that any area is peanut/nut free.*

- ☐ No Peanuts* ☐ No Tree Nuts* ☐ No Dairy ☐ No Eggs ☐ Vegetarian ☐ Kosher ☐ Glatt Kosher
- ☐ No _____ If needed, please provide specific dietary instructions:

Allergies: ☐ No known allergies

This child is allergic to: ☐ Food* ☐ Medicine ☐ The environment (insect stings, hay fever, etc.) ☐ Other _____

1) List what the child is allergic to, 2) the reaction seen, and 3) how to manage the reaction/the Allergy Action plan.

4) If medications are to be brought to camp, you must complete page 3.

History—If your child has any special conditions, needs or limitations, you must speak with the Program Director prior to being accepted into the program. Non-disclosure may result in dismissal from the program with no refund.

Has/does the participant:

- | | Yes | No | | Yes | No |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| 1. Had a recent injury, illness or infectious disease?..... | <input type="checkbox"/> | <input type="checkbox"/> | 17. Ever been stung by a bee?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have a chronic or recurring illness/condition?..... | <input type="checkbox"/> | <input type="checkbox"/> | 18. Have frequent stomachaches ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Had diabetes or problems with blood sugar control?... | <input type="checkbox"/> | <input type="checkbox"/> | 19. Have problems with constipation/diarrhea?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Been hospitalized/surgery within past 2 years?..... | <input type="checkbox"/> | <input type="checkbox"/> | 20. Ever been treated for an eating disorder?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have frequent headaches and/or migraines?..... | <input type="checkbox"/> | <input type="checkbox"/> | 21. Passed out/had chest pain during or after exercise?.. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Ever had a head injury?..... | <input type="checkbox"/> | <input type="checkbox"/> | 22. Have problems with falling asleep or sleepwalking?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Had a seizure ?..... | <input type="checkbox"/> | <input type="checkbox"/> | 23. Have a current history of bed-wetting?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Wear eyeglasses, contacts or protective eye wear?..... | <input type="checkbox"/> | <input type="checkbox"/> | 24. If female and of appropriate age, have problems with | | |
| 9. Traveled outside of the country in the past 9 months?... | <input type="checkbox"/> | <input type="checkbox"/> | periods/menstruation?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Had fainting or dizziness? | <input type="checkbox"/> | <input type="checkbox"/> | 25. Have frequent bloody nose?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Had asthma /wheezing? Note type and severity below.... | <input type="checkbox"/> | <input type="checkbox"/> | 26. Ever been treated for emotional or behavioral | | |
| 12. Have any skin problems (rashes, severe acne)?..... | <input type="checkbox"/> | <input type="checkbox"/> | difficulties?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Had mononucleosis in the past 12 months?..... | <input type="checkbox"/> | <input type="checkbox"/> | 27. Ever been treated for ADD or ADHD? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Ever been treated for Lyme Disease?..... | <input type="checkbox"/> | <input type="checkbox"/> | 28. Currently on an IEP (individualized education plan)?.... | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have a phobia ? Note type and severity below..... | <input type="checkbox"/> | <input type="checkbox"/> | 29. Ever have need for an aide at school? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have motion sickness ? | <input type="checkbox"/> | <input type="checkbox"/> | 30. Has a primary language other than English ?..... | <input type="checkbox"/> | <input type="checkbox"/> |

Explain any "yes" answers, noting the number of the question. For travel of the U S countries and dates.

To better serve your child, 1) please share any information about his/her behavior, physical, emotional or mental health about which we should be aware. These may include shyness, socialization difficulties, issues with stress, learning style, etc.

2) Please list any strategies used to manage the concern or to enhance your child's ability to be more successful and happier while with us.

When your child is upset, how do you calm him/her down?

Activity Restrictions—Activities are similar to those described in the brochure and/or within information packets sent home. Please inform us of any restrictions that might limit your child's participation. In addition you must speak with the Program Director regarding the issue.

At-Home Medications

—1) Please list the condition and medications taken at home (Example: Hay fever-Claritin).

2) Any medications to be taken during the hours of the program must be listed on page 3.

☐ No medications taken on a routine basis.

Taken Daily:

Taken Seasonally:

As needed:

Name of child: _____ Age: _____ Weight: _____
Last First

At-Camp Medications/Supplements

- ◆ List any medication, including herbs, dietary supplements, Lactaid, etc., that MAY have to be administered during camp hours on a regular or as needed basis. MA Dept. of Public Health regulations allow us to administer medications during camp programs only. **Those participating in an overnight must include evening and early morning medications.**
- ◆ It is our assumption that persons taking medication for mental health reasons have been on the same medication at the same dose for 3 months prior to the program. If this is not the case, contact the program director.
- ◆ Parent/Legal Guardian must supply any and all medications.
- ◆ Expired medications will not be allowed at the program site.
- ◆ **By completing this section and signing the waiver (page 4) you will be authorizing the medications listed to be administered by Mass Audubon designated healthcare staff, as directed, to the child for whom it was prescribed.**
- ◆ **All medications** must be approved by Mass Audubon's off-site healthcare consultant/physician; seen and checked by the health supervisor; and staff must monitor each dose. Habitat Camp requires a signature by your healthcare provider, see the box below.*
- ◆ **Over-the-counter medications** must be in their original containers containing the original label and directions for use. In addition these must be labeled with the participant's name and dose. You must supply any medication.
- ◆ **Prescription medications** must be in their original containers bearing the pharmacy label and have specific instructions for use (child's name, dosage, # pills inside, prescribing practitioner, pharmacy name & address, filler's initials, serial #).

#1 _____ Amount/dose given _____ Time/when it is given _____

Reason for taking _____ How it is given: ☐ Inhaled ☐ By mouth ☐ Other: _____

#2 _____ Amount/dose given _____ Time/when it is given _____

Reason for taking _____ How it is given: ☐ Inhaled ☐ By mouth ☐ Other: _____

#3 _____ Amount/dose given _____ Time/when it is given _____

Reason for taking _____ How it is given: ☐ Inhaled ☐ By mouth ☐ Other: _____

#4 _____ Amount/dose given _____ Time/when it is given _____

Reason for taking _____ How it is given: ☐ Inhaled ☐ By mouth ☐ Other: _____

Asthma Emergency Medication—1) The pharmacy label must accompany the inhaler! 2) Sign the relevant statement below.

3) Please provide us with your Asthma Action Plan, if appropriate. Contact the program director if you have questions.

Name of Medication _____ Dose to be given _____ Time/when it is given _____

☐ My child needs the medication only for respiratory illness and will not bring it to the program/camp unless we notify you.

☐ My child will bring the medication but does not need to have it with him/her at all times. The medication may be stored in the **medication box (MB)** in the office. Parent/Legal Guardian's Signature MB

☐ My child should have the inhaler with him/her at all times in the **camp pack (P)**. Note: Our staff must monitor each dose. Parent/Legal Guardian's Signature P

My child will also bring a: nebulizer ☐ spacer ☐

Allergy Emergency Medications—1) The pharmacy label must accompany the EpiPen! 2) Sign the relevant statement below.

3) Two EpiPens should be provided. 4) Any child age 5 or older must be trained in the use of the EpiPen.

5) Please provide us with the Allergy Action Plan. Contact the program director if you have questions.

Medications provided—Benedryl ☐, EpiPen ☐, Other: _____

☐ My child does not need to have the medication/s with him/her at all times. The medication may be stored in the **medication box (MB)** in the office. Parent/Legal Guardian's Signature MB

☐ My child should have the medication/s with him/her at all times in the **camp pack (P)**. Note: Camp staff must monitor each dose. Parent/Legal Guardian's Signature P

Does the child recognize the onset of an allergic reaction so as to notify staff upon the occurrence of these symptoms?

☐ Yes ☐ No If no, contact the office today.

Habitat Camp ONLY: The child's prescribing provider must sign below.

➤ Prescribing Provider _____ Signature _____ Date: _____

Camp's Off-Site Healthcare Consultant Signature: _____ Date: _____

Release / Pick Up

Name of Child: _____

- In case of a request for the release of the child to a person not listed below, the child will remain with staff until you have been contacted and have given us permission to release him/her.
- Pick up people need to bring a photo ID.
- To make additions to this list, the guardian may send a signed note.
- If there are specific people your child may not be released to, as an extra precaution, please inform the camp in writing.
- Give first and last names (John/Susan Lee, not "the Lees"). *Specify if phone numbers are cellular or pagers.*

My child may be released to the following people (include carpool drivers and those to pick up in an emergency):

1. Name: _____ Relationship: **1st Parent/Guardian**
2. Name: _____ Relationship: **2nd Parent/Guardian**
3. Name: _____ Relationship: _____
Phone (Day) _____ (Eve) _____ (Cell) _____
4. Name: _____ Relationship: _____
Phone (Day) _____ (Eve) _____ (Cell) _____
5. Name: _____ Relationship: _____
Phone (Day) _____ (Eve) _____ (Cell) _____
6. Describe other possible means of dismissal (bicycle, walk, taxi). _____

Medical Waiver and Authorization

Agreement to these terms is a required for participation.

- 1) **Medical release:** This Health History is correct and complete as far as I know. I hereby give permission to Mass Audubon staff to provide routine healthcare, administer prescribed and over-the-counter medications as described, and seek emergency medical treatment for me. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to Mass Audubon staff to arrange necessary related transportation.

In case of a medical emergency, every reasonable effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission for the medical personnel selected by Mass Audubon's designated healthcare staff to secure and administer medical treatment including to hospitalize, order and administer medications and anesthesia, perform X-rays, special procedures, or surgery, if deemed medically necessary for my child named above, for which charges I shall be responsible and agree to pay.

- 2) **Medications:** Pursuant of Massachusetts state law and Mass Audubon policy, I authorize the "At-Camp Medications" listed above to be administered by Mass Audubon's designated healthcare staff, as directed, to my child for whom it was prescribed. I understand that all medications, prescribed and over-the-counter, must be in their original containers and be labeled with specific instructions, including the person's name and dosage, and that the pharmacy label must be on all prescribed medications.
- 3) **Insurance:** I certify that the participant herein described is covered by health and accident insurance or Medicaid and that the policy information given on page 1 is correct.
Note: A copy of the child's insurance card must be given, if the program has trips off-site.
- 4) **Off-site Trips:** I give permission for my child to participate in and be transported to any off-site trips as scheduled. This completed form may be photocopied for off-site trips.
- 5) **Release/Pick Up:** I understand the Release Policy as described in the Information Packet and authorize Mass Audubon to release my child to the persons and/or method listed above.

I, the parent/legal guardian of the participant, have read, understood, and agree to the above.



1.

Parent/Legal Guardian's Signature

Printed Name

Date

Agreement of Terms

Program: I give permission for my child to participate in all program activities similar to those described in the newsletter, camp brochure or information packet. I understand that Mass Audubon reserves the right to change program activities or instructors and cancel programs should Mass Audubon decide in its sole judgment that it is necessary and appropriate to do so.

Expectations/Dismissal: I have informed appropriate Mass Audubon staff of any limitations my child has and agree to abide by Mass Audubon's sole judgment as to whether or not the needs of my child can be accommodated. I understand that non-disclosure of any physical, emotional or behavioral issues may result in the dismissal of the child from the program with no refund. I understand that my child must follow the stated behavior expectations and safety rules and that Mass Audubon reserves the right to dismiss any child whose behavior in its judgment interferes with the rights and safety of others or consistently disrupts group dynamics and/or activities. In such cases no refunds will be given.

Sun and Bugs: I understand that outdoor exploration is an integral part of Mass Audubon programs and my child will, among other things, be exposed to sun, ticks and insects. I understand that it is my responsibility to apply sunscreen and insect repellent to my child prior to bringing him/her to the program. I hereby give permission for Mass Audubon staff to assist my child with the application of sunscreen, insect repellent and/or topical anti-itch cream. I understand that some ticks may transmit disease after being attached for over 24 hours and it is my responsibility to do a thorough body check of my child every day and to remove any ticks that may become attached. I understand that participants in overnight programs will be given instructions on how to do self-checks and be reminded by staff to do so. I am responsible to do a complete check upon my child's return home.

Payment, Cancellation and Refund: I understand and agree to the payment, cancellation, refund, and late fee policies as described in the newsletter, camp brochure, confirmation letter or information packet

I have read, understand and agree to abide by the terms and policies listed above as well as those found in the newsletter, camp brochure or information packet.

⇒ 2. _____
Parent/Legal Guardian's Signature Printed Name Date

Audio/Visual Image Release

Mass Audubon uses images and sounds of children and staff participating in programs as a way of documenting the enjoyable and educational experiences they have while exploring the natural world. Mass Audubon will not identify my child, or will identify my child only by first name and program, unless I give specific written permission to do otherwise.

In consideration of the above, I hereby consent to Mass Audubon (1) photographing, filming, and video/audio taping my child, and (2) using and displaying images and sounds of my child in Mass Audubon's websites, archives, and promotional or informational material, including, but not limited to, newsletters, brochures, advertisements, and newspaper articles, and I hereby waive and release on behalf of my child any rights of compensation for, or ownership of, such images and/or sounds of my child.

I have read this media release and agree to its terms and conditions.

⇒ 3. _____
Parent/Legal Guardian's Signature Printed Name Date

Acknowledgement of Risk and Assumption of Personal Responsibility

Mass Audubon staff members make every effort to conduct safe programs, to orient and support children, and to inform families of inherent risks. Some activities may involve risks that children do not routinely encounter at home. Risk management is an essential element of all the activities that we offer. While we anticipate that these efforts will ensure the wellbeing of each child, we are also aware that it is neither possible to foresee every contingency nor to eliminate all risk.

I understand that program activities may include, but are not limited to: hiking on uneven terrain, playing active games, participating in activities near water, and other outdoor activities as well as cooking, making candles and being near program animals. The newsletter, camp brochure or information packet will inform you of special activities that may also include, but are not limited to, traveling in Mass Audubon owned or leased vehicles, using camp stoves and open campfires, using knives, swimming, kayaking, canoeing, sailing, backpacking, and using a ropes/challenge course that may include both high and low rope elements. Other risks may be inherent in program activities.

I acknowledge that such risks exist, and I hereby agree on behalf of my child to assume such risks. Further, on behalf of my child, I hereby release and forever discharge, and agree not to sue, and agree to indemnify and hold harmless, Massachusetts Audubon Society, Inc. and its officers, directors, employees and volunteers and each of them, from and against any and all liabilities and obligations of every kind and description, which I shall or may have against them or any one or more of them arising out of, or in connection with, my child's participation in the Mass Audubon program and its activities, including, but not limited to, for any personal injury that my child may suffer while participating in the Mass Audubon program and its activities, excepting in the case of gross negligence.

I understand and agree on behalf of my child that my child shares the responsibility for safety during Mass Audubon program activities, and I personally assume on behalf of my child that responsibility.

I understand and certify that my child's participation in the Mass Audubon program and its activities is completely voluntary, and that I have become familiar with the program activities in which my child may participate as described in the Agreement of Terms, newsletter, camp brochure or information packet.

 **4.**

Parent/Legal Guardian's Signature

Printed Name

Date

Health Care Record to be completed by Licensed Medical Personnel



Instructions for parent/guardian:

- If your physician has given you a form containing a record of the most recent physical and immunization record, send a copy to the camp as soon as possible and recycle this page.
- If your healthcare provider did NOT provide you with a copy, send this page only to the provider's office. It is your responsibility to receive this page back and submit it to the camp prior to any deadline.
- A physical exam within 24 months (2 years) of camp is requested for campers and camp staff.
- Immunizations must be up-to-date as directed by the Massachusetts Board of Public Health and both recorded and signed by licensed medical personnel.
- If for religious reasons, you cannot complete this section, contact the camp director today.

Camper Immunization Requirements of the Massachusetts Board of Public Health

Campers must meet the regulations for the grade they are entering. Regulation: 105 CMR 430.152
Exception: Those entering Kindergarten may meet the Preschool requirements for summer camp.

# doses/grade	Pre	Kinder	Grades 1-6	Grades 7-12
DTaP/DTP/DT/Td	4	5	4	1 Td booster (not gr.11+)
Polio	3	4	4	3
Hepatitis B	3	3	3 (none if born before 1/1/92)	
MMR	1 measles	2 measles	2 measles	2 measles
	1 mumps	1 mumps	1 mumps	1 mumps
	1 rubella	1 rubella	1 rubella	1 rubella

1) Healthcare provider must provide documentation of the immunizations. (2) Serologic proof of immunity is acceptable in lieu of immunization. (3) Exemption due to religious reasons is allowed, but parent/guardian sign a wiver. Contact the camp director.

Patient's Name: _____ DOB _____

Last

First

Middle

Has been examined on _____ BP _____ Weight _____ Height _____

Known medication allergies _____

Known food allergies _____

Other allergies _____

Dietary restrictions _____

Medications Name Dosage Frequency Reason for taking

1. _____

2. _____

3. _____

4. _____

No apparent contraindication exists to full participation in: ☐ Routine camp activities ☐ Camp employment

Restrictions to camp activities: _____

Additional information for healthcare staff at camp _____

Disease history:

Date of disease _____
Measles _____
Mumps _____
Rubella _____
Hepatitis A _____
Hepatitis B _____
Hepatitis C _____
Mononucleosis _____

Immunization record:

Vaccine:	Dates:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTaP		_____	_____	_____	_____	_____	_____
TD (tetanus/diphtheria)		_____	_____	_____	_____	_____	_____
Tetanus		_____	_____	_____	_____	_____	_____
Polio		_____	_____	_____	_____	_____	_____
MMR		_____	_____	_____	_____	_____	_____
or Measles		_____	_____	_____	_____	_____	_____
or Mumps		_____	_____	_____	_____	_____	_____
or Rubella		_____	_____	_____	_____	_____	_____
Hemophilus influenza B		_____	_____	_____	_____	_____	_____
Hepatitis B		_____	_____	_____	_____	_____	_____
Varicella		_____	_____	_____	_____	_____	_____

Tuberculin: ☐ Low risk
Date of last test _____
☐ Positive ☐ Negative

➤ Signature of Licensed Medical Personnel _____ Date _____

Printed name _____ Title _____

Name of Practice _____

Address _____ Phone _____