

# Bird Street Summer Day Getaway At Hale Reservation

## 2009 Health History, Emergency Contact, and Release Form

To be completed and signed for all campers and staff.

Camper or Staff Name (first) \_\_\_\_\_ (last) \_\_\_\_\_ (middle initial) \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender M/F \_\_\_\_\_

Street \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Parent or Guardian Information

Parent or Guardian \_\_\_\_\_ Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_  
(only if different from camper) (only if different from camper)

Phone \_\_\_\_\_ Work \_\_\_\_\_ Phone \_\_\_\_\_ Work \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

### Please list at least one emergency contact that could, if necessary, transport your child home.

Emergency Contact \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Health Concerns and Allergies

Asthma \_\_\_\_\_ Penicillin \_\_\_\_\_ Other Drugs \_\_\_\_\_ Seasonal Allergies \_\_\_\_\_

Food Allergies \_\_\_\_\_ Insect Bites & Stings \_\_\_\_\_ Other \_\_\_\_\_

Allergy Explanation (include the severity of reaction) \_\_\_\_\_

Medications for Above: \_\_\_\_\_

Will your child be taking any other medications (including over the counter medicine) while at camp? **YES** or **NO**

All medications must go directly to the camp office and must come with a completed "Medication Information" sheet.

### Medication Administration Information

Please check which of the following may be given to your child if needed:

Tylenol \_\_\_\_\_ Advil \_\_\_\_\_ Benadryl \_\_\_\_\_ Sudafed \_\_\_\_\_ Cough Syrup \_\_\_\_\_ Anti-diarrhea \_\_\_\_\_

External Antibiotic Cream \_\_\_\_\_ Antacid (Tums or Maalox) \_\_\_\_\_ Sunscreen \_\_\_\_\_ Insect Repellant with Deet \_\_\_\_\_

Camper or Staff Name \_\_\_\_\_ Birth Date \_\_\_\_\_

**General Information and Restrictions**

Any physical, mental, or psychological conditions requiring medications, treatment or restrictions while at camp? \_\_\_\_\_

List any past medical treatment or recent injuries: \_\_\_\_\_

Describe any specific activities from which child should be exempted: \_\_\_\_\_

Any dietary modifications or restrictions? \_\_\_\_\_

**Doctor/Dentist Information:**

Name of family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of family physician: \_\_\_\_\_ Date of Last Physical Exam: \_\_\_\_\_

Name of dentist/orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Insurance Information:**

Insurance Carrier \_\_\_\_\_ Insurance Policy Holder Name \_\_\_\_\_

Policy or Group # \_\_\_\_\_

**Immunization History:** The Massachusetts Board of Health requires that all camps have a certificate of immunization for all campers and staff. You may use the form provided or a form from your doctor's office.

**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 Reservation, American Camp Association, and Bird Street Community Center to have my child's photo appear in camp brochures, videos, on websites or other promotional literature.

Authorization for Treatment: In case of a health problem or emergency, I authorize Hale Reservation and Bird Street Community Center to administer first aid and to transport my child 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. This form may be photocopied for camp trips.

Acknowledgement of Risk and Waiver: I hereby release and discharge, and agree to indemnify and hold harmless Hale Reservation and Bird Street Community Center and its officers, directors, members, agents, employees, volunteers and any other persons or entities acting on its behalf, against all claims, demands, and causes of action whatsoever, either in law or equity, relating to or arising from any medical treatment, recommendation, transportation or administration, or any lack thereof.

Signature of Parent or Guardian of a Camper or  
Staff member under 18 years of age

Staff Member 18 years of age and older

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

*Please complete and return by June 1, 2009 to: Hale Reservation 80 Carby Street, Westwood, MA 02090*