

School Vacation Camp 2019

Health History & Emergency Release Form



This form is required of all participants in the EcoTarium School Vacation Camp. Please fill out this form clearly and in its entirety. In addition to this **two (2)** page form, a **Camper Info & Permission Form is also required.**

Camper Info First & Last Name _____ Date of Birth _____ Gender _____ Age (as of Jan 1, 2019) _____ Home Address _____ City/State/ZIP _____	Parent/Guardian Info (can be contacted during camp hours) First & Last Name _____ Primary Phone _____ Alternate Phone _____ Address (if different than Camper) _____ City/State/ZIP _____
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Emergency Contact & Insurance Information

Emergency Contact Person _____ (other than parent/guardian listed above & can be contacted during camp hours)	Emergency Phone _____
Health Insurance Company _____	Policy Number _____
Physician's First & Last Name _____	Physician's Phone _____
Physician's Address _____	City/State/ZIP _____

Camper Medical History

Date of last physical examination _____ *(Physical must be within two years of December 2019)*

Does camper have any current or past conditions listed below? If Yes, please give dates; Write N/A if not applicable.

Ear Infections _____	Heart Disease _____	Convulsions _____
Diabetes _____	Clotting Disorders _____	Hypertension _____
Mononucleosis _____	Chicken Pox _____	Measles _____
German Measles _____	Mumps _____	Meningitis _____
Poliomyelitis _____	Hernia _____	Kidney Disease _____
Rheumatic Fever _____	Scarlet Fever _____	Strep Throat _____
Tonsillitis _____	Tuberculosis _____	Whooping Cough _____
Asthma _____	Other _____	

Operations or serious injuries (dates) _____

Disability or chronic or recurring illness _____

Activities limited by a physician _____

Current medications & frequency taken _____

(If camper requires medication(s) while at camp, complete a Medication Administration Authorization form. Forms available at www.ecotarium.org)

Allergies & Dietary Considerations

Mark camper allergies/sensitivities by writing **A** for allergy, **S** for sensitivity, and **N/A** if not applicable.

Amoxicillin ___ Animals ___ Dairy ___ Gluten ___ Hay Fever ___ Insect Stings ___ Peanuts ___
 Penicillin ___ Poison Ivy ___ Ragweed ___ Soy ___ Tree Nuts ___ Other _____

Is any **allergy at risk for anaphylaxis** and/or requires medication(eg. EpiPen, Benadryl)? Please explain.

Please describe any other pertinent info regarding any allergy/sensitivity marked above: _____

Dietary modifications (please explain): _____

Complete both sides, sign & return within 2 weeks of arrival at camp

Email: campdirector@ecotarium.org Mail: EcoTarium, Attn: Camp Director
 Fax: 508.929.2701 (Attn:Camp Director) 222 Harrington Way, Worcester, MA 01604

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Please provide info in the spaces below to help us best support your child during camp. Attach additional page(s), as necessary. If there are additional questions, concerns, or information about your camper that you feel would be helpful for us to know, please contact us at campdirector@ecotarium.org or 508.929.2842.

Aides and Behavior Considerations:

Please list any behavioral considerations and/or helpful strategies to help our staff best serve your child (e.g. what motivates child, what triggers agitate child, has separation anxiety, becomes reserved when upset, etc.)

Are there certain behaviors your child is working on at school/home that should be encouraged at camp? Please explain.

Please explain any support your child receives from school aides, ABA aides, or similar. (Note: if you intend for an aide to provide support during camp, notify Camp Director at least three weeks before start of camp to coordinate logistics)

Mobility and Healthcare Considerations:

Please describe any vision, hearing, mobility or other healthcare needs of which we should be aware? This includes the use of any assistive devices (e.g., wheelchair, braces, communication board, etc).

Authorization for Emergency Care & Treatment (parent/guardian signature required below):

I hereby give permission to medical personnel selected by the program director to order x-rays, routine tests, treatment and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, for my child as named above.

Parent/Guardian Signature _____ **Date** _____

Certificate of Immunization:

As per MA Department of Public Health 105 CMR 430.151-153 a certificate of immunization is required of each camper. **Complete the record below (please print) and have this form signed by your camper's physician, OR provide separate immunization record signed by camper's physician.** Please see ecotarium.org for more info as well as waivers.

Immunization	Date(s)
Diphtheria, Tetanus, Pertussis	
Polio (Oral or Injected)	
Measles, Mumps, Rubella	
Tuberculin Test	
Hepatitis B	

Physician Name (please print): _____

Physician's Signature _____ **Date** _____

Required signature either here or on attached form provided by doctor.

Complete both sides, sign & return within 2 weeks of arrival at camp

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