



FCDC CAMP HEALTH FORM

THIS FORM MUST ACCOMPANY CAMPER'S APPLICATION

IMMUNIZATION RECORD FORM Must Be Attached for Acceptance

CAMPER: _____

Birth Date: _____ / _____ / _____ Last Grade in School: _____ Age: _____ First Middle Initial

Parent or Guardian : _____ Phone: (_____) _____

Address: _____
Street and Number City State Zip Code

Father's Occupation: _____ Business Phone: _____ Cell Phone:(_____)

Mother's Occupation: _____ Business Phone: _____ Cell Phone:(_____)

IF PARENT IS NOT AVAILABLE IN AN EMERGENCY, PLEASE CALL OR NOTIFY:

Name: _____ Phone: _____ Cell Phone:(_____)

Name: _____ Phone: _____ Cell Phone: _____

Health Care Provider: _____ Phone Number:(_____)

Name of Practice:: _____ Address _____

Insurance Carrier: _____ Policy Number: _____

Subscriber: _____ Relationship to Camper: _____

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HEALTH HISTORY

Ear Infections _____ Tubes _____ Heart: _____

Concussion _____ Behavioral _____ Diabetes _____ Asthma _____

Explain: _____

Any Self-Administered Medications by camper at during camp? _____ If yes, please list _____

Has camper had a bee sting? _____

ALLERGIES: Please describe:

FOOD _____
ENVIRONMENT _____
DRUG _____

Risk of Anaphylaxis? _____ If yes, Medical Authorization Form (downloadable on our website) and emergency allergy plan must be received prior to camper's start date along with any medication-- i.e. EpiPen (MAY BE DROPPED OFF AT CAMP OFFICE WEEKEND PRIOR)

Operations or serious injuries _____

Chronic or recurring illnesses _____

Other diseases or details of above _____

Any specific activities to be encouraged, limited or restricted? _____

Important: Please notify the camp if this camper is exposed to any communicable disease during the three weeks prior to camp attendance.

IMMUNIZATION FORM FROM PHYSICIAN (can be dated within 18 MONTHS of your child's session)

CAMP FAX # 508-533-0567

www.franklincountrydaycamp.com

This form must be signed and dated on back page for acceptance



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Program: I give permission for my child to participate in all camp program activities similar to those described in the camp brochure/website.

Expectations/Dismissal: I have informed the Camp Director and other appropriate Franklin Country Day Camp staff of any limitations to my child's Participation and agree to abide by Franklin Country Day Camp's sole judgement as to whether my child can be accommodated in the camp program. I understand failing to disclose any physical, emotional, or behavioral needs may result in the child's dismissal from the camp without refund. I understand that my child must follow all behavioral expectations and safety rules and that Franklin Country Day Camp reserves the right in its sole judgement to dismiss without refund any child whose behavior that interferes with the rights and safety of others or consistently disrupts group dynamics or activities may result in the child's dismissal from the camp without refund.

Sun and Bugs: I understand that outdoor exploration is an integral part of Franklin Country Day Camp Program and my child will be exposed to risks including but not limited to sun, ticks, and insects. I understand that it is my responsibility to apply sunscreen and insect repellent to my child before bringing him/her to camp each day. I give permission to Franklin Country Day Camp staff to reapply my child sunscreen (50 spf) and/or bug spray (25% deet) as needed. I understand that ticks may transmit disease after being attached for over 24 hours, and it is my responsibility to check my child's body thoroughly every day and to remove any tick that may become attached.

Medical Release: This health history is correct and accurately reflects the known health status of the named camper. The camper described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to camp staff nurse to provide routine health care; to administer prescribed or over the counter medication as described; and to provide or obtain emergency care and transportation for the camper if needed. I give permission to the Health Care Advisor selected by the camp to order x-rays, test, and treatment in an emergency. If I cannot be reached in an emergency, I give permission to the physician to hospitalize, secure proper treatment for, and order and administer medication, injection, anesthesia, X-rays, special procedure, or surgery for this child, if deemed medically necessary. I understand that I am responsible for the cost of any medical care or prescriptions my child requires. I agree to release of any records necessary for treatment, referral, billing, or insurance purpose. I understand that information on this form will be shared on a "need to know" basis with camp staff.

Medications: Pursuant to Massachusetts law and FRANKLIN COUNTRY DAY CAMP Health care policy, I authorize Franklin Country Day Camp designated healthcare staff to administer as listed on Campers Medical Authorization form medication at camp as directed to my child for whom it was prescribed. I understand that all medication at camp must be approved by the camp's off-site healthcare consultant, seen and checked by the camp's Nurse, and each dose monitored by camp nurse. I understand that all medication must be in their original container, unexpired and labeled with specific instructions, including the child's name and dosage, and that any prescription medication must include the full pharmacy label.

Insurance: I certify that the named camper is covered by health and accident insurance or Medicaid that the policy information given is correct.

Visual Image Release: Franklin Country Day Camp uses photos of children and staff participating in its activities in its yearly brochure and on our website. Franklin Country Day Camp will not identify any child. In consideration, I hereby give my permission and consent to Franklin Country Day Camp to use images of my child in Franklin Country Day Camp website and brochure, and I hereby release on behalf of my child and myself any rights to compensation for, or ownership of, such images of my child and the above uses of them by Franklin Country Day Camp.

Payment, Cancellation and Refund: A \$100 per session per child, enrollment fee, deductible from tuition must accompany this application. If you sign your child up for 2 and/or 3 sessions and you cancel any of the sessions, the enrollment fee of \$100 for the cancelled session(s) is NOT refundable and may not be deducted from the final payment. Checks should be made out to Franklin Country Day Camp. Balance of tuition **MUST** be paid no later than June 1st for all sessions. We reserve the right to cancel any camper's contract that is not paid by June 1st. If we cancel your child's contract, we will return any monies paid minus a \$100/CHILD/SESSION bookkeeping charge as we maintain a waitlist of children wishing to enroll by June 1st. **THERE WILL BE NO REFUND FOR CANCELLATIONS AFTER MAY 1ST.**

Franklin Country Day Camp is **NOT** a peanut free camp. Head counselor are informed of all allergies, and, along with our camp Nurse, we make every effort to protect all allergic conditions of our campers.

This Form must accompany Camper Application with PARENT AUTHORIZATION SIGNED below. We cannot accept any child without Immunization form (per Franklin Board of Health) and this form signed and dated with the current year.

I have read the above and agree to all its terms and conditions.

SIGNATURE: _____ **Print Name:** _____

DATE: _____ **Relationship to Camper:** _____

Any Information that you may want your child's counselors to be aware of:
