DHAC School Vacation Camp

Required Camper Paperwork

Please complete all forms and return
prior to attending camp.

Dedham Health & Athletic Complex
200 Providence Hwy
Dedham, MA 02026
781-326-2900 www.dedhamhealth.com

What to bring to camp

Prior to attending camp: (all forms due by First Day of Camp)

- **Health forms** (**A physician's form may substitute "Immunization" section of the camp health form. Please fill out all other information)**
- **Emergency card**
- **Other necessary forms**
- ***Medication** **to be taken while attending camp must be in original labeled containers and Medication administration form must be completed and signed by parent prior to any medication being administered. Please hand all medication to Michelle Sayers -Camp Health Care Supervisor for proper documentation and storage.**

Everyday:

- **Bathing suit ,towel and goggles**
- **Water bottle**
- **Sneakers**

What to leave at home:

- **Electronic Games**
- **Personal items of value**
- **Dangerous Toys**
- **Cell Phones**

If there are any questions regarding the camp policies and/or the camp confirmation packet please call Michelle,781-326-2900.

MUST BE COMPLETED FOR ATTENDANCE : CAMP HEALTH FORM

Name _____DOB _____ Sex_____ Age____
Last, First, Initial

Parent/Guardian:_____

Home Address:_____
Street & Number, City, State, Zip

Cell Phone_____Home Phone_____ Work Phone_____

Emergency Contacts:

Second Parent/Guardian Contact_____

Home Address _____
Street & Number, City, State, Zip

Home Phone_____Cell Phone_____ Work Phone:_____

If Not Available in Emergency, Notify:

Name_____Relationship_____Phone_____

**** Important - This box must be signed for attendance ****

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed Camp activities except as noted. **Emergency authorization:** I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, and treatment for me/or my child, and in an event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp director to hospitalize, secure proper treatment for , and to order injection and/or anesthesia and/or surgery for me/or my child as named above. This form may be photocopied for use out of Camp.

Signature of parent or guardian :_____
I also understand and agree to abide with the restrictions placed on any Camp activities (if applicable).

*if for religious reasons you cannot sign this, the Camp should be contacted for a legal waiver which must be signed for attendance.

Health History: (check - giving approximate dates)

Frequent Ear infections	_____	Convulsions	_____	Bleeding/clotting Disorders	_____
Heart Defect/Disease	_____	Diabetes	_____	Hypertension	_____
Mononucleosis	_____	Chicken pox	_____	Measles	_____
German Measles	_____	Mumps	_____	Hay Fever	_____
Ivy poisoning, etc.	_____	Insect Stings	_____	Penicillin	_____
Other drugs	_____	Asthma	_____	Other	_____

Operations or serious injuries & dates:_____

Other diseases or details of above:_____

Any specific activities to be excluded or limited by physician's advice:_____

_____

Name of Dentist or Orthodontist: _____ Phone:_____

Name of Physician: _____Phone:_____

Date of last physical examination: _____

Family Medical Insurance Carrier: _____ Policy or group number:_____

PLEASE COMPLETE NEXT PAGE

MUST BE COMPLETED FOR ATTENDANCE : CAMP HEALTH FORM

IMMUNIZATION HISTORY: Attach Physician Copy of Immunization Record or please record the date (month and year) of basic immunization and most recent booster doses and have signed by Physician.

VACCINES	Mo/yr of Immunization.	Mo/yr of Last Booster		Mo/yr of Immunization.	Mo/yr of Last Booster
DPT/DTaP	1._____	_____			
	2._____	_____	Tetanus	_____	_____
	3._____	_____	Varicella	_____	_____
	4._____	_____	HIB	_____	_____
	5._____	_____			
or TD	_____	_____			
Polio OPV/IPV	1._____	_____			
	2._____	_____			
	3._____	_____			
	4._____	_____			
MMR (Measles, Mumps, Rubella)	_____	_____	Tuberculin Test	Type _____ Date _____ Result _____	
Measles	_____	_____			
Mumps	_____	_____			
Rubella (German Measles)	_____	_____	Hepatitis B	1._____	_____
				2._____	_____
				3._____	_____

Health Care Recommendations by Licensed Physician:

In my opinion, the above condition does_____/does not_____ preclude his/her participation in an active Camp program.

The applicant is under the care of a physician for the following conditions:_____

_____

Current treatment (include current medications): _____

_____

Explanation of any reported loss of consciousness, convulsion or concussion: _____

_____

Does applicant have epilepsy? Yes □ No □ Does applicant have Diabetes? Yes □ No □

Recommendations and Restrictions while at Camp:_____

_____

Any treatment to be continued at Camp: _____

_____

Any medication to be administered at Camp: No_____ Yes _____
Medication to be taken while attending camp must be in original labeled containers and Medication administration form must be completed and signed by parent prior to any medication being administered.
Medication Name _____

Any medically prescribed meal plan or dietary restrictions: _____

Any allergies (food, drugs, plants, insects, etc.): _____

Licensed Physician's Signature _____ Phone _____

Address _____

Date of form completion _____ *by _____
*initial if completed by physician's assistant

Camp Policies

Please sign and return with Health forms by First Day of Camp

Camp Code of Conduct

Campers treat others with courtesy and respect.
Campers always listen to counselors and stay with their group.
Campers follow all camp safety rules.

I understand that after the camp application and/or extended day registration has been accepted, if the camper fails to attend, withdraws, experiences incomplete attendance for any reason, or is dismissed, no refund or transfer of any deposit or tuition paid prior to that time will be made.

I agree to pay all charges in full before my childs first day of camp.

I agree to have all medical forms completed and returned to the camps by the first day of camp .

I understand that my child may not attend camp until the properly completed forms and all payments have been received at The Dedham Health & Athletic Complex.

I authorize Dedham Health & Athletic to make, have, use, publish, and reproduce photographs, slides, motion pictures, and/or video tapes of the Campers for it's records and public relations programs.

Parents will be contacted in any unforseen situation during the camp day (camper illness, injury, behavior etc…). Please contact the camp at any time to update us on your child's specific situations.

All children are entitled to a safe and fun environment at camp.
If discipline issues occur in camp the camper may be asked to take "time out" from a camp activity. If the behavior persists the camp director will contact the camper's parent so they may work together to modify and improve behavior. In serious cases campers may be asked to "take a day off," he or she may not re-enter camp until there has been a meeting with the parents and the Camp Director. Occasionally, efforts are not successful and a camper is dismissed from camp. The Camp Director reserves the right to withdraw any camper whose behavior interferes with the rights and safety of others. Refunds are not extended in these circumstances.

I understand that the Camp Director reserves the right to dismiss a child when in his/her judgment that child's behavior interferes with the rights of others, the smooth functioning of a group or activity, violates the Camp Code of Conduct, or if the child has special needs not fully brought to the Camp's attention at the time of registration.

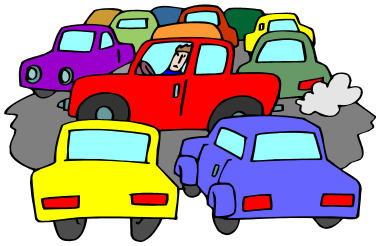
I grant permission for my child to participate in all the camp programs, activities and events. I understand that camp leadership and supervision will be provided.

I have read, I understand and accept the camp price schedule and registration policies.

_____	_____	_____
Parent Signature	Camper Name	Date

Camper Drop-off & Pick Up

For Camper drop-off, please bring Campers in through the front entrance of Dedham Health and check-in at the front desk. Parents and/or authorized pick-up person must enter the building to check their camper out of camp for the day.



AUTHORIZED PICK UP

People authorized to pick-up camper

Name:_____**Relationship:**_____

Name:_____**Relationship:**_____

Name:_____**Relationship:**_____

Camper Emergency Contact Information

Camper Last Name:_____**Age:**_____

Camper First Name:_____**D.O.B:** / /_____

Address:_____

_____

Parent/ Guardian:

Name:_____**Phone:**_____

Alternate Emergency Contact:

Name:_____**Phone:**_____

Med. Doctor:_____**Phone:**_____

Special Notes:_____

_____

_____