



Cedardale / Groveland Summer Day Camp

P.O. Box 16
20 Bare Hill Rd.
Groveland, MA. 01834

Child History Form

Both sides to be filled in by parents/guardian of minors or by adult campers/staff member.

Camper

Name _____ Birthdate ____/____/____ Sex ____ Age ____
Last First Initial mm dd yyyy m/f

Parent or Guardian (or Spouse) _____

Home Address _____ Phone _____
Street City State zip

Email _____ Cell Phone _____

Emergency Contact

Second Parent or Other Person _____ Cell Phone _____

Home Address _____ Phone _____
Street City State zip

If not available in an emergency, notify:

Name _____ Cell Phone _____

Address _____ Phone _____
Street City State zip

Phone number and location must be updated if parents / guardians are traveling during camp weeks.

Health History: (check and approx. dates)

- _____ Frequent Ear Infections
- _____ Heart Defect/Disease
- _____ Convulsions
- _____ Diabetes
- _____ Bleeding/Clotting Disorders
- _____ Hypertension
- _____ Mononucleosis
- _____ Psychiatric Treatment

Diseases: (check and approx. dates)

- _____ Chicken Pox
- _____ Measles
- _____ German Measles
- _____ Mumps
- _____ Asthma

Allergies: (check)

- _____ Hay Fever
- _____ Ivy Poisoning, etc.
- _____ Insect Stings
- _____ Penicillin
- _____ Other drugs
- _____ Other (Specify)

Has this camper ever required any psychiatric counseling or hospitalization? _____

Explain if yes _____

Operations or serious injuries (dates) _____

Disability or chronic or recurring illness _____

Activities encouraged or limited by a physician _____

Current medications (send with instructions and written authorization** to administer the medication signed by the parent(s) or guardian(s)) _____

Medication authorization form is available online for campers requiring the administration of medication while at camp.

Other diseases or details of above _____

Suggestions on health related information _____

Do you carry family medical/hospital insurance? Yes No

If so, indicate: Carrier: _____

Policy or Group # _____

Name of family physician _____ Phone _____

Name of dentist/orthodontist _____ Phone _____

Date of last physical examination _____

Parent's Authorization:

1. I give the camp health supervisor permission to exchange information with my child's Primary Care Physician for the purpose of referral, diagnosis, and treatment.
2. I give permission to the camp health supervisor to share information that is relevant to my child's health condition with the appropriate camp personnel when needed to meet my child's health and safety needs.
3. I give the camp health supervisor permission to administer Tylenol, Advil, Motrin, ibuprofen, and / or over-the-counter medications as deemed necessary. We will follow the manufacturers dosage guidelines.
4. I give the camp health supervisor permission to delegate medication administration to non-licensed personnel after proper instruction on the dose, route, frequency and reason for administration of the medication(s) when deemed safe and appropriate. Our camp staff is instructed to activate EMS in emergency situations.
5. In the event of an emergency, I understand reasonable attempts to contact the parent / gaurdian will be made, I hereby give my consent for (a) the administration of any treatment deemed necessary by a licensed physician or dentist (b) the transfer of my child to any reasonable accessible hospital.
6. I agree to the release of any records necessary for insurance purposes.
7. Risk Warning Statement
 Cedardale/Groveland Summer Day Camp asks campers to participate in a variety of indoor and outdoor activities throughout the season. Many of these activities carry some risk of injury. The camp makes every effort to provide safe transportation, safe equipment and facilities and competent instruction and supervision.
 Because of the inherent risks at camp, it is imperative that campers follow the counselors' or directors' instructions, understand the play within the rules of the activity, and adhere to the code of ethics governing competition.
 It is important that you, as parents, understand that despite all the precautions taken to minimize risks to your children, it is possible that they could be seriously injured while involved in camp activities.
 It is therefore important that the camp has a record of your acknowledgement of these risks, and we ask you to sign and return this form. It is a statement agreeing that you understand that there are risks involved for campers involved in camp-sponsored activities.
8. I understand that my child will not be allowed to attend Cedardale/Groveland Summer Day Camp until I have provided health records fully in compliance with state and local regulations. I understand and agree that it is the responsibility of the parent/guardian to provide the completed current health form, physicians certificate of health and immunization records. **We cannot access returning campers records from the previous year.**
9. This health history is correct and current to the best of my knowledge. The person herein described has permission to engage in all camp activities except as noted.
10. I give permission for sunscreen to be given to my child if necessary.

Parent/Guardian Signature _____

Signed Date ____ / ____ / ____
mm dd yyyy

Please Note:

Our Child History Form "A" and the up to date immunization record signed by the physician is required for camp along with a physical examination conducted within the past 18 months.

Please make sure these forms are in our office by June 1.

The CAMPER/STAFF will not be allowed to start camp until these forms are in our office. This must be followed due to the State Board of Health Regulations.

•MUST BE RETURNED BY JUNE 1st•