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www.HaleReservation.org

2011 Membership Beach Health History, Emergency Contact and Release Form

To be completed and signed for all campers.

Camper (Last) _____ (First) _____ (Initial) _____ Birth Date _____ Gender _____

Street _____ City _____ State _____ Zip _____

Parent or Guardian Information

Parent/Guardian _____ Parent/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 below at least one emergency contact that would be able to pick up a sick child during camp hours.

Emergency Contact _____ Emergency Contact _____

Address _____ Address _____

Phone # _____ Work # _____ Phone # _____ Work # _____

Cell Phone _____ Cell Phone _____

Allergies

Penicillin _____ Seasonal _____ Foods _____

Insect Bites _____ Other Drugs _____ Other _____

Please explain reaction and severity: _____

Medications for above allergies: _____

If medications will be administered at camp for above allergies a "Medication Information Form" must be completed

Medications

Will your child be bringing any medications (including over the counter medicine) to camp? Yes (circle one) No
If "Yes" please complete a Medication Information Form.

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

Tylenol _____ Advil _____ Benadryl _____ Nasal Decongestant _____

Cough Drops _____ External Antibiotic Cream _____ Anti-Itch Cream _____ Sunscreen _____

Antacid _____ Insect Repellant with Deet _____ Calamine _____ Sudafed _____

ALL of the above _____ NONE of the above _____

Immunization History: Massachusetts requires a Certificate of Immunization for all campers and staff. You may use the form we provide or a copy from your doctor's office. Check if attached

Relevant Past Medical History, General Information, and Restrictions

Does your child have Asthma? _____

Will your child be taking an Inhaler or other medication to camp? Yes (Circle One) No
(If "Yes" a "Medication Information Form" must be completed.)

Any physical, mental, or psychological conditions requiring medication/treatment/restrictions while at camp?

Does your child take any prescription or over-the-counter medication at home? _____

List any past medical treatment or recent injuries: _____

Describe any specific activities from which your 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 # _____

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 permission for our child's photo to appear in brochures, videos, on websites or other promotional literature.

Authorization for Treatment: In case of an emergency, I authorize Hale Reservation and Membership Beach 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 completed form may be photocopied for off-camp trips.

Acknowledgement of Risk and Waiver: I hereby release and discharge, and agree to indemnify and hold harmless Hale Reservation and Membership Beach and its officers, directors, members, agents, employees, volunteers, and any other persons or entities on its behalf, against all claims, demands, and causes of actions 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/Guardian of Camper

_____ **Date** _____