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www.HaleReservation.org

2012 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 Address Phone # Work # Cell Phone Email

Please list below at least one emergency contact that would be able to pick up a sick child during camp hours.

Emergency Contact Address Phone # Work # 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... 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** _____