

In order for your child to attend camp, this form must be filled out and the "Parents Authorization" section below must be signed.

2010 Meadowbrook Camper Health History and Examination Form

Meadowbrook Day Camp (781-647-0546) Fax (781-894-0557)
10 Farm Road, Weston, MA 02493-2493
www.meadowbrook-ma.org/daycamp

Please complete and return by:
May 1, 2010

This page to be filled in by a parent.

Camper _____ Birth Date _____ Sex _____ Age _____

Camper's Current School _____ Location of School _____

Parent or Guardian _____

Street/Town/Zip _____ Phone# _____

Business or Day Phone # _____ Cell or Pager# _____

Second Parent or Guardian _____

Street/Town/Zip _____ Phone# _____

Business or Day Phone # _____ Cell or Pager# _____

If not available in an emergency, notify

Name & Relationship _____ Phone# _____ Cell# _____

Name & Relationship _____ Phone# _____ Cell# _____

Health History: Please check all that apply to your child.

Diabetes	Bleeding/Clotting Disorders	Frequent Ear Infections
Heart Defect/Disease	Asthma	Severe case of Poison Ivy
Seizures	Migraines	Fainting

Allergies: Please check all that apply to your child.

Medication	Environmental	Food
Insect bites or bee stings	Seasonal	Other
Additional information on allergies:		
Does your child have a prescription for an Epi-pen for any of the above checked allergies?		

Recent Operations or serious injuries (Dates) _____

Chronic or recurring illness _____

Name of child's physician _____ Phone# _____

Name of dentist _____ Phone# _____

Do you carry family medical/hospital insurance? _____ If so, indicate:
Carrier _____ Policy or Group # _____

Parent's or Guardian's Authorization: This health history is correct as far as I know, and the child herein described has permission to engage in all camp activities except as noted by me or the examining physician.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to order X-rays, routine tests and treatment for the health of my child. If deemed medically necessary to hospitalize my child, I hereby give permission to the physician to secure proper treatment, to order injections and/or anesthesia and/or surgery for my child named above.

I give permission to the camp nurse to share my child's health information with appropriate camp staff members, as deemed necessary. I also give permission to photocopy this form to bring along on camper field trips.

Parent or Guardian Signature _____ Date _____

Please notify the camp nurse if this camper is exposed to any communicable disease during the three weeks prior to her/his camp attendance.

Camper:

Camper's Name _____

Date of last physical exam: _____

Must be within 24 months of child's attendance at camp.

Is the applicant currently under the ongoing care of a physician? If yes, why.

Current medications: _____

Is there any other health or behavior related information that should be shared with appropriate staff members in order for your child to enjoy a positive, successful camp experience?

- If a camper will be taking medication during the camp day, a parent must make an appointment to bring the medication to the camp nurse prior to their session start date. This will allow you and the nurse to discuss your child's medication needs and sign a camp form allowing medication to be given by camp personnel. All prescription medication must be in the original container with the doctor's prescription and child's name on it.
- Campers who require an Epi-pen for severe allergic reactions must also provide an "Emergency Health Care Plan" filled out by their physician. If one is on file at the child's school, a copy will be acceptable; or, you may download the camp's form from our website. Please include a small photo of your child to accompany the Epi-pen instructions.
- Campers who require an Epi-pen must speak with the camp director prior to bus registration.

Please remember to call the camp office at 781-647-0546 in June to schedule an appointment with the camp nurse to drop off medication or Epi-pens and all appropriate paperwork.

Recommendations and/or restrictions while in camp:

Dietary _____

Swimming, diving _____

Strenuous activity _____

Other _____

I understand I also need to submit a printout from my child's physician; showing immunization record, date of last exam, current health history including medications and allergies. I agree to notify the camp of any significant changes in my child's health status that may occur after the submission of this form and prior to the start of camp.

physician's form included

Date Submitted _____ **All health forms due May 1, 2010**