



**Dedham Community House Summer Camp
Health History, Emergency Contact, and Pick up Authorization Form**

Camper's Name _____ **DOB** ___/___/___ **Age (as of 6/17/19)** _____ **Gender** _____

Parent/Guardian #1 Information:

Name: _____ **Relationship:** _____

Address (if different from camper's): _____

Town: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

E-Mail Address: _____

Parent/Guardian #2 Information (if applicable):

Name: _____ **Relationship:** _____

Address (if different from camper's): _____

Town: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

**Parents and Guardians are always allowed to pick up campers from camp
and will be called first in an emergency.**

If there is a custody arrangement or order of protection, please indicate that below and give a copy of the order to camp staff.

In the event a parent/guardian cannot be reached, I authorize DCH Summer Camp to contact the following person(s) in case of an emergency:

1. **Name** _____ **Relationship:** _____

Phone () _____ - _____

2. **Name** _____ **Relationship:** _____

Phone () _____ - _____

In addition to Parent/Guardians and emergency contacts listed above, I give permission for the following persons to pick up my camper from the DCH Summer Camp.

1. Name _____ Relationship: _____
Phone () _____ - _____
2. Name _____ Relationship: _____
Phone () _____ - _____
3. Name _____ Relationship: _____
Phone () _____ - _____

Health History

Does your child have any physical, mental or psychological conditions requiring medication, treatment or restrictions while at camp? (Including Allergies) Yes No

If yes, please explain:

Please list any current medications your child is taking, both at home and camp:

- Medication: _____ Home Camp
- Medication: _____ Home Camp
- Medication: _____ Home Camp
- Medication: _____ Home Camp

- Please note that if your child will be taking medication at camp there is an additional form that must be filled out and returned to camp prior to the camper's start date. All medications must come to camp in the original pharmacy container with the camper's name.

Does your child require any dietary modifications or restrictions? Yes No

If yes, please explain:

Are there any specific camp activities from which your child should be exempted? Yes No

If yes, please explain:

Does your child have an IEP or 504 plan? Yes No (If yes please consider giving camp a copy)

Does your child receive ELL services? Yes No

Is there anything we should specifically know about your child to make the summer as successful as possible?

Name of Camper's Physician: _____ Phone: _____

Insurance Name: _____ Insurance Number: _____

Immunization and Physical: Massachusetts requires a Certificate of Immunization and a recent (dated within 1 year of the beginning of camp) physical for all campers. Please attach the form from your Doctor's office.

If you have questions about this policy, please call the office at 781-329-5740.

Accuracy of Information:

I attest, to the best of my ability, that this health history is correct and the person herein has permission to engage in all camp activities, other than noted above. _____ Initials

Treatment Authorization:

In case of emergency, I authorize Dedham Community House to administer first aid and/or 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 form can be photocopied for camp trips. _____ Initials

Sunscreen & Insect Repellent Application Permission

I give the DCH Summer Camp staff permission to apply sunscreen and insect repellent to my camper.

_____ Initials

*Please be sure to apply sunscreen each day before sending your camper. Camp staff will reapply sunscreen each afternoon and as needed. Send bottles of sunscreen and insect repellent with the camper's name on it. *

Parent Name: _____

Parent Signature: _____ Date: _____