

Health Record for Day Camps

In accordance with the provisions of 105 CMR 430.000 Minimum Sanitation and Safety Standards for Recreational Camps for Children, State Sanitary Code, Chapter IV

Day Camp Name _____

Camper or Staff Member

Name _____

Home Address _____

Home Telephone # _____

Camper or Staff Member's Parent/Guardian

Name _____

Relationship _____

Address _____

Home Telephone # _____

If traveling while camper or staff member is in camp:

Location(s) _____

Telephone #s _____

Camper or Staff Member's Health Care Provider

Name _____

Address _____

Telephone Number _____

Policy Number _____

Parent or Guardian Authorization

In case of an emergency and if I cannot be reached, I hereby give permission to the Health Care Consultant or Camp Director to secure proper treatment for the person listed above.

I hereby give permission to the Health Care Consultant or organization designated by the Camp Director to dispense the prescription medications listed below:

Authorized Prescription Medication(s)

Allergies, Health Conditions or Impairments

Signature of Parent or Guardian

Date Signed

Certificate of Immunization

Immunization

Date(s) Administered

Measles, Mumps and Rubella (MMR) Vaccine (1 MMR, 1 additional Measles)

Polio (3 doses)

Diphtheria/ Tetanus/Pertussis (4 doses)

Hepatitis B (3 doses)

Signature of Health Care Provider or Designee

Date Signed

Typed or Printed Name: _____