



Summer Swim Camp

2016 Health History, Emergency Contact, and Release Form



25 Whites Ave Watertown, MA 02472 (617)926-0968 www.watertownbgc.org

Camper or Staff Name (First)	(Last)	(Middle)	Birth Date	Male Female (Circle One)
Street				City/Town
State			Zip	

Parent or Guardian Information

Parent or Guardian _____	Parent or Guardian _____
Address _____ (Only if different from address above)	Address _____ (Only if different from address above)
Phone _____ Work _____	Phone _____ Work _____
Cell Phone _____	Cell Phone _____
Email _____	Email _____

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 (or staff member) be bringing any medications (including over the counter medications) 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 (administered by the Swim Camp Staff):

Tylenol _____	Advil _____	Benadryl _____	Nasal Decongestant _____
Cough Drops _____	External Antibiotic Cream _____	Anti-Itch Cream _____	Sunscreen _____
Antacid _____	Insect Repellent 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 provided or a copy from your doctor's office.

☐ *Check if attached*

This is a two sided document. Please complete and sign reverse side

Relevant Past Medical History, General Information, and Restrictions

Does your child (or staff member) have Asthma? _____

Will your child (or staff member) 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, or restrictions while at camp? Please attach additional pages as needed.

Does your child or (staff member) 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 (or staff member) should be exempted: _____

Any dietary modifications or restrictions? _____

Physician Information:

Name of family physician: _____ Phone: _____

Address of family physician: _____ Date of last physical exam: _____

Insurance Information:

Insurance Carrier: _____ Insurance Policy Holder Name: _____

Policy of 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 the Watertown Boys and Girls Club to have my child's (or staff members) photo to appear in camp brochures, videos, on websites or other promotional literature.

Authorization for Treatment: In case of an emergency, I authorize the Watertown Boys and Girls Club to administer first aid and to transport my child or (staff member) 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.

Acknowledgment of Risk and Waiver: I understand and acknowledge my camper (or staff member) may participate in a variety of activities including; swimming, boating, outdoor games, sports, rope course, and other rigorous physical activities. I hereby release and discharge, and agree to indemnify and hold harmless The Watertown Boys and Girls Club 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 participation, medical treatment, recommendation, transportation or administration, or any lack thereof.

**Signature of Parent/Guardian of Camper, Staff Member, or Parent/Guardian of Staff
Member under 18 years of Age**

Date