HEALTH & RELEASE FORMS

These forms must be completed by a parent/guardian for your child to attend camp.

The **physicians form with child's heath history and immunizations must be attached**, along with forms authorizing any medications (including over the counter). Please also fill out the Allergy Action Plans if applicable.

Please complete forms and return to:
Nature Explorer Summer Camp at Temple Shalom
175 Temple Street
Newton, MA 02465

CHILD'S NAME_____

Date Of Birth_____

Age by June 25, 2018 _____**Gender**_____

Address_____

Health Care Provider_____**Phone**_____

Name of Practice

_____

Address_____

Insurance Carrier/Plan_____**PolicyNumber**_____

Subscriber Name_____**Relationship to Child**_____

Parent/Guardian Signature _____ Date_____

Print Name_____

EMERGENCY CONTACTS

Parent/Guardian	Parent/Guardian
Name:	Name:
Relationship:	Relationship:
Phone:	Phone:
Phone:	Phone:
Email:	Email:
Emergency Contact	**Emergency Contact**
Name:	Name:
Relationship:	Relationship:
Phone:	Phone:
Phone:	Phone:
Email:	Email:

TRANSPORTATION RELEASE

My child may be released to the following adults (including carpool drivers or those who may pick up in an emergency.) Include first and last names (John/Susan Lee, not "the Lees").

NAME	RELATIONSHIP	PHONE
1.		
2.		
3.		
4.		

The parent/guardian may send a signed note to make changes to this list. People picking up children must bring a photo ID. If a person not listed above arrives to pick up a camper, the camper will remain with camp staff until the parent/guardian has been contacted and has given permission for the release. If there are specific people to whom the camper may not be released, please inform the camp in writing.

- ❑ **I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the programto transport my child to the nearest medical care facility (Newton/Wellesley Hospital), and to secure medical treatment for my child.**

Parent/Guardian Signature _____ Date_____

Print Name_____

HEALTH HISTORY

Gender Identity_____Height_____ Weight_____

HEALTH ALERTS

Allergies- check all that apply

- ☐ Bee stings
- ☐ Latex
- ☐ Peanuts
- ☐ Other Food_____
- ☐ Seasonal Allergies_____
- ☐ Asthma
- ☐ Diabetes_____
- ☐ Seizure history
- ☐ Will take daily medication at camp (see note above)
- ☐ Other_____

If any of the above apply, you must also submit the Health Alert and Medication Authorization form.

MEDICAL HISTORY (Explain "Yes" answers in the space below.)	
Have asthma?	Yes No
Have diabetes?	Yes No
Have seizures or seizure disorder?	Yes No
Had surgery/been hospitalized in past 2 years?	Yes No
Ever had a head injury or concussion?	Yes No
Had fainting or dizziness?	Yes No
Other recurrent/chronic illness?	Yes No
Have frequent bloody nose?	Yes No
Ever been stung by a bee?	Yes No
Have any skin problems?	Yes No

Parent/Guardian Signature _____ Date_____

Print Name_____

MENTAL/EMOTIONAL/SOCIAL HISTORY (Explain "Yes" answers in the space below.)	
Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)?	Yes No
Have a phobia?	Yes No
Ever been treated for emotional/behavioral difficulties, self-harm, or an eating disorder?	Yes No
Ever have a need for an aide at school?	Yes No
During the past year, seen a professional to address mental/emotional health concerns?	Yes No
Used an individualized education plan (IEP) during the previous school year?	Yes No
Speak a primary language other than English?	Yes No
Had a significant life event that continues to affect the child's life? (Recent Divorce, foster care, trauma etc.)	Yes No
Additional Information (other behavior or physical, mental, emotional, and social health information, etc.)	Yes No

DIET AND NUTRITION

- ❑ No diet restrictions
- ❑ Kosher
- ❑ Vegetarian
- ❑ Vegan
- ❑ Gluten-Free Diet

❑ To the best of my knowledge, this health history is correct and the child herein described has permission to engage in all prescribed camp activities, except as noted by the examining physician and myself. I understand that in any medical situation every effort will be made to reach me. In case of emergency, I hereby give permission for the physcician selected by Nature Explorer Summer Camp at Temple Shalom to hospitalize, secure proper treatment for, and order injections, anesthesia,or surgery for my child as previously named. I hereby certify that my child is healthy and I will notify camp in writing of any allergies or conditions he/she may have.

Parent/Guardian Signature _____ Date_____

Print Name_____

SOCIAL RELATIONSHIPS

How would you describe your child?

Previous experience with other children/preschool/daycare?

What would you like your child to gain from Nature Explorer Summer Camp?

Is there anything else we should know about your child?

Parent/Guardian Signature _____ Date_____

Print Name_____

MEDICAL

Camp registration is not complete unless the following signed health and release forms are submitted.

- ★ **Physician Health Form:** (dated within one year of August of the current camp season indicating health history and immunizations are current.
- ★ **Child's Health and Release Forms** (completed by parent/guardian)
- ★ **Health Alert and Medication Authorization Form if applicable** (for campers with significant allergies, other health concerns, or those who take medication -over the counter or other- at camp) - Complete by parent/guardian and physician.

SUNSCREEN

I understand that *I will provide* sunscreen with my child's name clearly printed on the bottle. I will send my child with sunscreen applied, and the teachers have my permission to reapply sunscreen as needed throughout the day.

____ Please apply sunscreen on my child as needed

PARTICIPATION

- ❑ I hereby grant permission for my child to participate in camp activities on Temple Shalom grounds as planned and supervised by Nature Explorer Camp teachers. I understand that Temple Shalom is not responsible for my child's personal property.

MARKETING

I hereby grant permission to Nature Explorer Camp at Temple Shalom to use my photograph or video imagery for communication, marketing, or in cooperation with media or other organizations.

- ❑ **YES**
- ❑ **NO**

LIABILITY

- ❑ I hereby unconditionally release Nature Explorer Camp at Temple Shalom and any of their officers, directors, executives, employees, volunteers, and anyone working under, through, or in connection with any of them with respect to any incident, claim, occurence, loss, injury, or damage whether known or unknown, present or future, foreseeable or not, that could or may arise out of such participation in any and all programs and activities.
- ❑ I attest to the fact that all information herein is both accurate and true. My signature below indicates acceptance of all terms and conditions stated on all pages of this form.

Parent/Guardian Signature _____ Date_____

Print Name_____

HEALTH ALERT AND MEDICATION AUTHORIZATION FORM

Parent/Guardian

This completed form and all medication to be dispensed must be given to the Director prior to your child starting camp.

MEDICATION AUTHORIZATION

Child's Name_____

1. Currently takes the following medications, dosage, and time given at home:

   _____

   _____

2. Should be given the following medications at camp:

   ❑ Daily_____

   ❑ Other_____

3. Medication is to be furnished as follows:

   a) Delivered in the original container with label intact, not expired
   b) Send the maximum amount of medication your child will need for his/her stay at camp

I understand that the camp is rendering a service and does not assume any responsibility in this matter.

4. Parent/Guardian authorization:

I hereby authorize Nature Explorer Camp at Temple Shalom to administer/dispense, to my child, named above, the medications listed above.

Parent/Guardian Signature _____ Date_____

Print Name_____

PHYSICIAN FORM FOR MEDICATION AUTHORIZATION

I request that my patient (name of child)_____

who has the diagnosis of _____

Receive the following medication(s)_____

MEDICATION NAME_____**Dosage**_____

Please circle: **prescription** **non-prescription**

Indications for use: _____

Expected duration of treatment_____

Possible side effects and adverse reactions_____

Time/Method to be administered at camp (please describe below):

Physician Signature_____Printed Name_____

Phone_____Date_____

Parent/Guardian Signature _____ Date_____

Print Name_____

MEDICATION NAME_____**Dosage**_____

Indications for use: _____

Please circle: **prescription** **non-prescription**

Expected duration of treatment_____

Possible side effects and adverse reactions_____

Time/Method to be administered at camp (please describe below):

MEDICATION NAME_____**Dosage**_____

Please circle: **prescription** **non-prescription**

Indications for use: _____

Expected duration of treatment_____

Possible side effects and adverse reactions_____

Time/Method to be administered at camp (please describe below):

Physician Signature_____Printed Name_____

Phone_____Date_____

Parent/Guardian Signature _____ Date_____

Print Name_____

Parent/Guardian Signature _____ Date_____

Print Name_____