

Dear Parents,

The weather is warming up and it's time to start looking forward to the summer, and of course Sudbury Adventure! This summer we have mixed in new and exciting venues that are sure to be a good time. We look forward to a fun and memorable summer with your children.

The purpose of this packet is to inform you regarding general practices and expectations of Sudbury Adventure. It will give you a better understanding of what is required of parents, campers, and of our staff for the entirety of the summer.

Please do the following things before the start of camp:

- Read your Parent Packet and recap the policies and procedures with your kids.
- Complete all the attached forms by **May 15th**, without them your child will not be allowed to participate.
- If your child is going to be absent, please email [youth@sudbury.ma.us](mailto:youth@sudbury.ma.us) to inform us.
- Label all belongings, this will allow us to determine who owns what when items are misplaced.
- Post our phone number, 978-443-1092, at home and at work.
- Keep us informed about any problems, changes in health or routine, or anything that might affect your child while in our care. If we don't know about it, we can't make changes or accommodations!
- Please drop off and pick up your child on time, these trips are too much fun to afford missing the bus! You can also take advantage of our Early Drop Off/Extended Day options.
- Please remember that the itinerary for the week may change due to weather, attendance or other factors beyond our control. We will always provide you with as much advanced notice as possible.

The deadline to submit all paperwork is **May 15th**. No child will be allowed to attend camp without paperwork, there are no exceptions.

We hope this will answer some of your questions and clear up any concerns, it's going to be a great summer!

Thank you,

Sudbury Park and Recreation Staff (978) 443-1092

40 Fairbank Road, Sudbury, MA 01776

Park & Rec Main: (978) 443-1092

Preschool: (978) 639-3231

### FIRST DAY OF CAMP DROP-OFF PROCEDURE

We invite parents to join us for the first 5-10 minutes of the first day of camp, though it is not mandatory. We will conduct staff introductions, go over rules, structure of the camp, and the planned activities. Once this is done we will break off into groups to play ice breakers.

### DROP OFF/PICK UP PROCEDURES

**The program begins at 8:45am.** The bus often leaves right after drop-off and we will not be able to hold the bus. Please don't be late! **Drop off will be under the tent at Haskell Field.** We will have check-in signs and greeters at the tent. Participants may do this on their own or parents may join them. Please make sure that your child has made contact with a staff member.

Our staff needs time before camp starts to set up the days activities, we cannot watch children during this time. If you have to drop your child off early, please sign up for our early drop off program facilitated by Sudbury Summer, which has staff already assigned to that sole responsibility. You can register for this at [SudburyRec.com](http://SudburyRec.com).

**The program ends at 4:00pm, except on Tuesdays when we will return by 5:00pm.** Being prompt for pick up is extremely important. **You will pick your children up at the Basketball Court at the Fairbank Community Center.**

We ask that an adult checks your child out with our designated staff when their ride has arrived. If your child will be walking or biking home, please send a note or e-mail to [youth@sudbury.ma.us](mailto:youth@sudbury.ma.us) to give them permission to leave on their own.

### LATE PENALTY PROCEDURE

If a child is still here after the scheduled pickup time, beginning at 4:10pm (or 5:10pm on Tuesdays), parents will be charged \$15.00 for the first 10 minutes they are late and \$5.00 for each additional 10 minutes after that.

### EARLY DROP OFF

Early Drop Off is from 7:45-8:45am. Early Drop Off is located at the beach volleyball court at the Fairbank Community Center. The cost is \$7.50 per child per day, or \$60 for the entire week (You must pay in advance for the day(s) you need the extra care). A staff member will walk your child across the street to the tent at 8:45am.

(See the EARLY DROP OFF form on the last page of packet.)

### ABSENTEE PROCEDURE

All children must be accounted for. Please e-mail [youth@sudbury.ma.us](mailto:youth@sudbury.ma.us) if your child will not be attending the program for the day. The office is open from 8:30-4:00pm, during other times you may leave a message.

### TRIPS

Every week we go on four field trips to places such as Canobie Lake, Water Country, the movies, Boston, and more. We have planned extensively for these trips and there is a 1:8 ratio of staff to children. All participants have a staff member assigned to them and they will travel with the kids wherever we go.

Before the start of each week an email will be sent out with details about the events planned for the week. We will include information about where we are going, what to bring and what to wear. There will be days that participants will be asked to wear their camp T-shirt. T-shirts will be handed out on the first day of the program. Please ensure that your child wears their camp shirt on the designated days, this helps camp staff easily identify all of our participants.

### LUNCH/SNACK

There is no refrigeration available. Please do not pack items that will spoil in the heat (unless you send them in a small cooler with an ice pack.) Be sure to pack a good size lunch, the kids will work up an appetite. Please tell your children not to share their lunches with other kids due to the high number of allergies.

Finally, please include extra drinks (like water or sports drinks) to prevent dehydration. Please send your child with a snack to eat. Snack is not typically provided due to the high number of allergies and parental concerns over what children are eating.

### BATHING SUITS

Bathing suits are needed a few days a week, depending on our destinations. Please check the weekly email for specific details. You will also need to provide your children with a towel on those days.

### SUNSCREEN

Your child should come to camp wearing sunscreen. It is also recommended that they bring some with them so that they can reapply it throughout the day. Hats are also a good idea to keep kids safe from the hot sun.



### CLOTHING & FOOTWEAR

Our program philosophy supports physically active participants. For this reason, we request that your child wear comfortable clothes to camp. Send your child in sneakers because they will be doing a lot of walking and running around.

Although sandals are comfortable, they can prevent kids from participating in certain activities and can become uncomfortable after a long period of time. We will let you know in our weekly email when flip flops are encouraged.

### ELECTRONIC EQUIPMENT POLICY

Children are allowed to bring electronic equipment (i.e. cell phones, iPods, cameras, and hand held games) however, we strongly recommend that they don't. The Sudbury Park and Recreation Department will not be held responsible for any lost, stolen or broken equipment. Hand-held devices and iPods are only allowed to be used while participants are traveling on the bus.

### SPENDING MONEY

Spending money is optional. Many of our trips take us to places where kids can buy snacks, lunches or souvenirs but it is the parent's choice as to whether or not you want your children to make those types of purchases. Bringing large amounts of spending money is discouraged. Many campers will bring money to buy lunch or a snack when we are out and about, however, a good portion of kids will bring a bagged lunch for the day. An email will be sent out prior to the first day of camp to indicate the days when bringing lunch from home is the only option and when buying snacks/lunch is available.

### RAINY DAY PROCEDURE

If there is inclement weather, the Sudbury Adventure Program staff has a rainy day plan ready to go to keep your children active and still having fun even if it's not in the sun. Just because it's a rainy day doesn't mean it's going to be a boring day! If we know in advance that the weather is going to be bad, we will give parents an updated schedule of where we will be going and what we will be doing.

### NO PETS

Because of the number of people at drop off and pick up we ask that you leave your pets at home.

### BEHAVIOR MANAGEMENT

Please feel free to contact us before the start of camp if your child has any learning or behavioral concerns so that we can be prepared to make this a successful summer experience.

Staff foster good behavior by creating a trusting environment that promotes appropriate behavior. When behavior problems occur, attempts are made to redirect the child to more appropriate behavior. In extreme cases, the child may need to be separated from the group. The camp director is notified whenever a behavior becomes hard to manage and/or when a parent must be notified of the child's behavior in a formal manner. All discipline is adjusted to the individual needs and development of the child and is viewed as a learning experience, not as punishment.

### MEDICAL FORMS

You must fill out the Park and Recreation Health History Forms, which are available in this packet, as well as include a copy of your child's most recent physical (within the last 18 months.) This must be returned to the Park and Recreation Office **before Tuesday, May 15th**. You may receive a phone call from the camp nurse once this packet has been returned to us so that your child's needs can be discussed.

### ILLNESS INFORMATION

If a child is contagious, or not feeling well enough to participate in group activities, he/she must remain at home. When a child becomes ill at camp, we will do our best to reach you while keeping your child as comfortable as possible. This may mean separating him/her from the group. Due to the nature of the camp it is very difficult for parents to pick a sick child up from a venue, so if your child is not feeling well in the morning, please do not send them for the day.



# Early Drop Off & Extended Day

**EARLY DROP OFF:** 7:45 - 8:45 AM

**EXTENDED DAY:** 3:00 - 5:00 PM

The cost is **\$60 per child, per session** for early drop off or **\$120 per child, per session** for extended day.

We prefer that you register for an entire session of early and/or extended care, you save money too.

However, if you wish to pay per day you still can. Early drop off is **\$7.50 per child, per day** and extended day is **\$15 per child, per day** and We encourage you to sign up for this in advance. We will not be taking same-day registration this year, please register online in advance.

Counselor supervision will be provided for early and extended care, but no structured activities will be provided, it will be like recess. Please be aware that we cannot provide care any earlier or later than the scheduled times for this program - so please be prompt on pick up and drop off.

## EXTENDED DAY LATE PENALTY PROCEDURE

If a child is still here after 5:00 pickup time, beginning at 5:10 they will be charged \$15.00 for the first 10 minutes they are late and \$5.00 for each additional 10 minutes after that.

## REGISTRATION INFORMATION

Please register online at [www.SudburyRec.com](http://www.SudburyRec.com).

## REGISTRATION OPEN

## MEDICAL FORMS/HEALTH ILLNESS INFORMATION

**You must fill out the Park and Recreation Health History forms in this packet, provide a record of their most recent physical exam and immunizations dated within the past 24 months, and return all to Park and Recreation before May 15th.** All medication will be stored in a locked, secure area. Leftover medication will be stored per instructions and returned to the parent. Our nurse will be at the shack during the morning hours to collect medications and answer any questions you might have. The camp nurse will contact you before the first day of camp regarding allergies or medications your child will need during camp hours. Our camp nurse will be the one administering the medications to the children at the appropriate times. For questions, please call 978-443-1092.

We realize, however, that illness is an unavoidable part of life, especially with young children in a group setting. When necessary, we may need to exclude a child from the program due to illness when he/she presents a health risk to other children and staff. If a child is contagious, or not feeling well enough to participate in group activities, he/she must remain at home. When a child becomes ill at camp, we will do our best to reach you while keeping your child as comfortable as possible. This may mean separating him/her from the group. A rest area will be provided and the camp nurse or staff person will remain with the child at all times. The child will be provided with quiet activities while waiting for his/her parents. We realize that it is difficult for working parents to leave work for a sick child, but we take your child's best interest into consideration when calling you. You may wish to develop a plan for caring for a sick child prior to needing it. The following are some common illnesses encountered in camp and our policies concerning attendance with them:

- **Coughs/Colds:** Children with colds and coughs may attend camp as long as they feel well enough to follow daily routines (especially outdoor play). If a fever accompanies cold symptoms, the child must stay at home.
- **Fever:** A child with a fever over 100 should remain at home until the temp is normal for 24 hours.
- **Strep:** A child with a sore throat and a fever together should have a throat culture. The child should remain at home until he/she receives a negative culture, or has been on antibiotics for 24 hours.
- **Ear infections:** A child may attend camp as long as he/she is not experiencing great discomfort or fever. A note must be provided as to whether or not swimming lessons are allowed.
- **Rash:** Please notify your child's counselor and staff if your child has an existing rash when he/she comes to camp. The nurse will call the parents if a rash appears suddenly, spreads quickly, or is accompanied by other symptoms.
- **Vomiting:** A vomiting child must remain at home until he/she can tolerate a normal diet.
- **Diarrhea:** A child with diarrhea must remain at home until free of diarrhea for 24 hours.
- **Chicken Pox:** A child must remain at home one week after the rash appears or until all of the blisters have crusted over and

dried. A note from the doctor will be required regarding the status of swimming for your child.

- **Conjunctivitis:** A child with conjunctivitis may return to the program the day after treatment has begun. If your health care provider chooses not to prescribe medication, you must bring a note from him/her stating that your child does not present a health threat to others. Note from doctor will be required regarding the status of swimming for your child.
- **Head Lice:** If your child has head lice they may not come to camp. The policy is that campers must be lice and nit free in order to be at camp. If lice or nits have been found in your child's head while at camp, as with any contagious disease, they will be isolated and sent home immediately. A child may return to the program after treatment and removal of nits. Upon return, campers must first be inspected by the camp nurse. The nurse will determine if they can return to camp.

General first aid will be administered during camp by the camp nurse. Minor cuts or abrasions will be washed, and a topical ointment and a band-aid will be applied.

Should your child contract any listed illness or any other contagious illness, please contact the camp at (978) 639-3260 as soon as possible.

## EMERGENCY PROCEDURES

Emergency telephone numbers are posted at each phone. If a child is injured we follow this procedure:

1. If a child needs emergency medical attention, an ambulance will be called. A director or staff member will always accompany a child to the hospital. The child's medical forms will be brought, as they contain pertinent medical information.
2. If poisoning is suspected, poison control will be called.
3. The child's parent will be contacted. If a parent cannot be reached, we will contact the person(s) listed on the emergency form.
4. An accident report will be completed for any injury.
5. A copy of the accident report will be placed in the Park and Recreation office.
6. Parents will be notified of the minor accidents/injuries by the nurse at dismissal.
7. All injuries must be logged in the central log book with the camp nurse.
8. When on a field trip, a first aid bag will be prepared containing bandages, antiseptic, gauze, ice packs and a carrier bag for each group.

## Required Forms

There are three forms that must be submitted to our office prior to **May 15th** for review by our camp nurse:

1. The *Authorized Pick up Form* is contained in this packet. Only persons listed on this form will be able to pick up your child. Note that this list can be edited over the summer.
2. The *Health History Form* is also contained in this packet. Please note all three pages must be uploaded and visible to be considered completed. You must update this form each year if important information has changed.
3. *Your child's most recent physical and immunization* from their doctor's office. Any form that is older than 18 months since the date of the examination will be turned away.

To submit these forms, you may:

1. **Upload them to your child's profile on your sudburyrec.com account (preferred method).**
2. Email PDF copies to [recforms@sudbury.ma.us](mailto:recforms@sudbury.ma.us).
3. Or bring them to the recreation office at the Fairbank Community Center with attention to Julie Harrington, Assistant Director for Parks, Recreation, and Aquatics,

## For children with allergies/medication

All campers who need to take **medication during the camp day** are required to fill out the attached *authorization to administer medication* form. Please note if you have already filled this form out for one of our other programs, you will need to do so again.


Any child with **allergies** who has an epi-pen will be required to bring the allergy action plan from their doctor's office.

Failure to submit all of these forms **five business days** before your child's first day at camp will result in your child's removal from the program and no refunds will be offered unless the spot can be filled. We will not be accepting forms on the first day of camp this year.

# SUDBURY PARK & RECREATION PHYSICAL & IMMUNIZATION REQUIREMENTS

**EACH PARTICIPANT MUST PROVIDE A RECORD OF THEIR MOST RECENT PHYSICAL EX-AM AND IMMUNIZATIONS DATED WITHIN THE PAST 18 MONTHS. PLEASE UPLOAD YOUR CHILD'S PHYSICAL AND IMMUNIZATION FORM PROVIDED BY YOUR DOCTOR'S OFFICE. WITHOUT UPDATED MEDICAL FORMS, YOUR CHILD WILL NOT BE ALLOWED TO PARTICIPATE, PER BOARD OF HEALTH REGULATIONS.**

105 CMR 430.000 - All camps must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local Town of Sudbury Board of Health. The Park and Recreation Department's first concern is the safety of the children who participate in our programs. Copies of background checks, health care and discipline policies, as well as procedures for filing grievances are available upon request from our vendors.



**FLORIDA DEPARTMENT OF HEALTH**  
FLORIDA CERTIFICATION OF IMMUNIZATION  
Legal Authority: Sections 198.02, 482.05, 492.011, Florida Statutes; Rule 64B-3.000, Florida Administrative Code

LAST NAME	FIRST NAME	MI	DOB (MM/DD/YY)
PARENT OR GUARDIAN	CHILD'S SEX (optional)	STATE IMMUNIZATION ID# (optional)	

**Directions:**

- Enter all appropriate races and states below.
- Sign and date appropriate certificate (A, B, or C) on form.
- See DH Form 150-815, Immunization Guidelines - Florida Schools, Childcare Facilities and Family Daycare Homes (July 2013) for information and instructions on form completion. Guidelines are available at: [www.flhhs.state.fl.us/flhhs/outreach/imzguide.pdf](http://www.flhhs.state.fl.us/flhhs/outreach/imzguide.pdf).

VACCINE	DOC CODE	Dose 1 MM/DD/YY	Dose 2 MM/DD/YY	Dose 3 MM/DD/YY	Dose 4 MM/DD/YY	Dose 5 MM/DD/YY
DTaP/DTaP	A					
DT	B					
Tdap	F					
Td	G					
Polio	D					
Hib	E					
MMR (Combined) (Separate)	F, G					
		Mumps (dose 1)	Mumps (dose 2)	Mumps (dose 3)	Mumps (dose 4)	Mumps (dose 5)
		Measles (dose 1)	Measles (dose 2)			
Hepatitis B	J					
Varicella	K					
Varicella Chickenpox	L					
Pneumococq	M					

**Select appropriate section(s)**  
Certificate of Immunization for K-12

**Part A - Complete**

DOR Code 1: Immunizations are complete for 12 (including 71 weeks/intravital school requirements)  
 DOR Code 2: Immunizations are complete for 71 weeks  
 I certify that the above child has received the immunizations documented below and that, to the best of my knowledge, the above named child has previously been immunized for some or all of the above immunizations as documented above.

**Temporary Medical Exemption**      Expiration date: \_\_\_\_\_  
 Part B - Temporary  
 Part B (for children in daycare, child day care center, preschool, kindergarten and grades 1 through 12 who are incomplete for immunizations) Part B (for children in day care center, preschool, kindergarten and grades 1 through 12 who are incomplete for immunizations) Part B (for children in day care center, preschool, kindergarten and grades 1 through 12 who are incomplete for immunizations)  
 I certify that the above child has received the immunizations documented below and that, to the best of my knowledge, the above named child has previously been immunized for some or all of the above immunizations as documented above.

**Permanent Medical Exemption**  
 Part C - Permanent  
 Part C (for multiple, complicated medical conditions, lab test results and state solid clinical reporting or evidence for one option) DOR Code 3  
 I certify the physical condition of this child is such that immunizations as indicated in Part C above are medically contraindicated.

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Physician or Clinic Name: \_\_\_\_\_      Physician or Authorized Signatory  
 \_\_\_\_\_      Served By: \_\_\_\_\_  
 \_\_\_\_\_      Date: \_\_\_\_\_

DH 64B-3.000 (07/13) (09/14) (10/15) (01/16) (03/16) (05/16) (07/16) (09/16) (11/16) (01/17) (03/17) (05/17) (07/17) (09/17) (11/17) (01/18) (03/18) (05/18) (07/18) (09/18) (11/18) (01/19) (03/19) (05/19) (07/19) (09/19) (11/19) (01/20) (03/20) (05/20) (07/20) (09/20) (11/20) (01/21) (03/21) (05/21) (07/21) (09/21) (11/21) (01/22) (03/22) (05/22) (07/22) (09/22) (11/22) (01/23) (03/23) (05/23) (07/23) (09/23) (11/23) (01/24) (03/24) (05/24) (07/24) (09/24) (11/24) (01/25) (03/25) (05/25) (07/25) (09/25) (11/25) (01/26) (03/26) (05/26) (07/26) (09/26) (11/26) (01/27) (03/27) (05/27) (07/27) (09/27) (11/27) (01/28) (03/28) (05/28) (07/28) (09/28) (11/28) (01/29) (03/29) (05/29) (07/29) (09/29) (11/29) (01/30) (03/30) (05/30) (07/30) (09/30) (11/30) (01/31) (03/31) (05/31) (07/31) (09/31) (11/31) (01/32) (03/32) (05/32) (07/32) (09/32) (11/32) (01/33) (03/33) (05/33) (07/33) (09/33) (11/33) (01/34) (03/34) (05/34) (07/34) (09/34) (11/34) (01/35) (03/35) (05/35) (07/35) (09/35) (11/35) (01/36) (03/36) (05/36) (07/36) (09/36) (11/36) (01/37) (03/37) (05/37) (07/37) (09/37) (11/37) (01/38) (03/38) (05/38) (07/38) (09/38) (11/38) (01/39) (03/39) (05/39) (07/39) (09/39) (11/39) (01/40) (03/40) (05/40) (07/40) (09/40) (11/40) (01/41) (03/41) (05/41) (07/41) (09/41) (11/41) (01/42) (03/42) (05/42) (07/42) (09/42) (11/42) (01/43) (03/43) (05/43) (07/43) (09/43) (11/43) (01/44) (03/44) (05/44) (07/44) (09/44) (11/44) (01/45) (03/45) (05/45) (07/45) (09/45) (11/45) (01/46) (03/46) (05/46) (07/46) (09/46) (11/46) (01/47) (03/47) (05/47) (07/47) (09/47) (11/47) (01/48) (03/48) (05/48) (07/48) (09/48) (11/48) (01/49) (03/49) (05/49) (07/49) (09/49) (11/49) (01/50) (03/50) (05/50) (07/50) (09/50) (11/50) (01/51) (03/51) (05/51) (07/51) (09/51) (11/51) (01/52) (03/52) (05/52) (07/52) (09/52) (11/52) (01/53) (03/53) (05/53) (07/53) (09/53) (11/53) (01/54) (03/54) (05/54) (07/54) (09/54) (11/54) (01/55) (03/55) (05/55) (07/55) (09/55) (11/55) (01/56) (03/56) (05/56) (07/56) (09/56) (11/56) (01/57) (03/57) (05/57) (07/57) (09/57) (11/57) (01/58) (03/58) (05/58) (07/58) (09/58) (11/58) (01/59) (03/59) (05/59) (07/59) (09/59) (11/59) (01/60) (03/60) (05/60) (07/60) (09/60) (11/60) (01/61) (03/61) (05/61) (07/61) (09/61) (11/61) (01/62) (03/62) (05/62) (07/62) (09/62) (11/62) (01/63) (03/63) (05/63) (07/63) (09/63) (11/63) (01/64) (03/64) (05/64) (07/64) (09/64) (11/64) (01/65) (03/65) (05/65) (07/65) (09/65) (11/65) (01/66) (03/66) (05/66) (07/66) (09/66) (11/66) (01/67) (03/67) (05/67) (07/67) (09/67) (11/67) (01/68) (03/68) (05/68) (07/68) (09/68) (11/68) (01/69) (03/69) (05/69) (07/69) (09/69) (11/69) (01/70) (03/70) (05/70) (07/70) (09/70) (11/70) (01/71) (03/71) (05/71) (07/71) (09/71) (11/71) (01/72) (03/72) (05/72) (07/72) (09/72) (11/72) (01/73) (03/73) (05/73) (07/73) (09/73) (11/73) (01/74) (03/74) (05/74) (07/74) (09/74) (11/74) (01/75) (03/75) (05/75) (07/75) (09/75) (11/75) (01/76) (03/76) (05/76) (07/76) (09/76) (11/76) (01/77) (03/77) (05/77) (07/77) (09/77) (11/77) (01/78) (03/78) (05/78) (07/78) (09/78) (11/78) (01/79) (03/79) (05/79) (07/79) (09/79) (11/79) (01/80) (03/80) (05/80) (07/80) (09/80) (11/80) (01/81) (03/81) (05/81) (07/81) (09/81) (11/81) (01/82) (03/82) (05/82) (07/82) (09/82) (11/82) (01/83) (03/83) (05/83) (07/83) (09/83) (11/83) (01/84) (03/84) (05/84) (07/84) (09/84) (11/84) (01/85) (03/85) (05/85) (07/85) (09/85) (11/85) (01/86) (03/86) (05/86) (07/86) (09/86) (11/86) (01/87) (03/87) (05/87) (07/87) (09/87) (11/87) (01/88) (03/88) (05/88) (07/88) (09/88) (11/88) (01/89) (03/89) (05/89) (07/89) (09/89) (11/89) (01/90) (03/90) (05/90) (07/90) (09/90) (11/90) (01/91) (03/91) (05/91) (07/91) (09/91) (11/91) (01/92) (03/92) (05/92) (07/92) (09/92) (11/92) (01/93) (03/93) (05/93) (07/93) (09/93) (11/93) (01/94) (03/94) (05/94) (07/94) (09/94) (11/94) (01/95) (03/95) (05/95) (07/95) (09/95) (11/95) (01/96) (03/96) (05/96) (07/96) (09/96) (11/96) (01/97) (03/97) (05/97) (07/97) (09/97) (11/97) (01/98) (03/98) (05/98) (07/98) (09/98) (11/98) (01/99) (03/99) (05/99) (07/99) (09/99) (11/99) (01/00) (03/00) (05/00) (07/00) (09/00) (11/00)

# CAMP HEALTH HISTORY AND EXAMINATION FORM

Health history must be filled out by parents/guardians of minors. Please also submit a copy of the participant's most recent physical exam and immunization record, dated **within the past 18 months** (update required annually). **These forms must be submitted by May 15th!** If forms are not received by the deadline, your child will not be able to participate.

The following information must be filled in by the parent/guardian. The intent of this information is to provide our health care personnel background information to provide appropriate care. Keep a copy of the completed form for your records.  
If you need to make changes or updates to this form at any time, please contact us.

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
*Last First Middle*

Home address \_\_\_\_\_  
*Street Address City State Zip*

Gender:  Male  Female

Custodial parent/guardian \_\_\_\_\_ Phone \_\_\_\_\_

Home address \_\_\_\_\_  
 (If different from above) *Street Address City State Zip*

Business Address \_\_\_\_\_ Phone \_\_\_\_\_  
*Street Address City State Zip*

Second parent/guardian \_\_\_\_\_ Phone \_\_\_\_\_

Home address \_\_\_\_\_  
 (If different from above) *Street Address City State Zip*

Business Address \_\_\_\_\_ Phone \_\_\_\_\_  
*Street Address City State Zip*

**Emergency contact** \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
*Street Address City State Zip*

**Insurance Information**

Is the participant covered by family medical/hospital insurance?  Yes  No

If so, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_

**Family Physician** \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_  
*Street Address City State Zip*

**Family Dentist/Orthodontist** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
*Street Address City State Zip*



# CAMP HEALTH HISTORY AND EXAMINATION FORM

**ALLERGIES** List all known and describe reaction and management of the reaction.

**Medication allergies** (list)

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**Food allergies** (list)

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**Other allergies** (list) ---include insect stings, hay fever, asthma, animal dander, etc.

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### MEDICATIONS BEING TAKEN

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Our nurse will handle all medications during each session. Please provide prescription from doctor if taken at camp, as well as a Medication Authorization Form. Please keep medications in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration.

This person takes NO medications on a routine basis.

This person takes medications as follows:

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med #3 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Attach additional pages for more medications.

Identify any medications taken during the school year that participant does/may not take during the summer:

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### RESTRICTIONS

The following restrictions apply to this individual.

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary)

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# CAMP HEALTH HISTORY AND EXAMINATION FORM

**General Questions** Has/does the participant? (Check if "Yes")

- |  |  |
|--|--|
| 1. Had any recent injury, illness or infectious disease? | 26. Have a history of bed-wetting?                                     |
| 2. Have a chronic or recurring illness/condition?        | 27. Ever had an eating disorder?                                       |
| 3. Ever been hospitalized?                               | 28. Had emotional difficulties for which professional help was sought? |
| 4. Ever had surgery?                                     |  |
| 5. Have frequent headaches?                              |  |
| 6. Ever had a head injury or concussion?                 |  |
| 7. Ever been knocked unconscious?                        |  |
| 8. Wear glasses, contacts or protective eye gear?        |  |
| 9. Ever had frequent ear infections?                     |  |
| 10. Ever passed out during or after exercise?            |  |
| 11. Ever been dizzy during or after exercise?            |  |
| 12. Ever had seizures?                                   |  |
| 13. Ever had chest pain during or after exercise?        |  |
| 14. Ever had high blood pressure?                        |  |
| 15. Ever been diagnosed with a heart murmur?             |  |
| 16. Ever had back problems?                              |  |
| 17. Ever had problems with joints (e.g., knees, ankles)? |  |
| 18. Have an orthodontic appliance brought to camp?       |  |
| 19. Have any skin problems (e.g., itching rash, acne)?   |  |
| 20. Have diabetes?                                       |  |
| 21. Have asthma?   |  |
| 22. Had mononucleosis in the past 12 months?             |  |
| 23. Had problems with diarrhea/ constipation?            |  |
| 24. Have problems with sleepwalking?                     |  |
| 25. If female, have an abnormal menstrual history?       |  |

**Please explain any "yes" answers, noting the number of the questions.**

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**Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware of.**

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**Please describe your child's swim ability and/or level of last completed Red Cross swim lesson:**

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**Parent/Guardian Authorizations:**

This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted.

I hereby give permission to provide routine health care by the physician selected by the camp, to secure and administer treatment, including prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for hospitalization, for the person named above. This completed form may be photo- copied for our trips.

In the event I cannot be reached in an emergency, I hereby give my permission for treatment, emergency transportation to health care facility, referral, billing, or insurance purposes.

I give permission to arrange necessary related emergency transportation for me/my child.

Signature of parent/guardian: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

# SUDBURY PARK & RECREATION AUTHORIZED PICK UP FORM

The following people are authorized to pick up my child, \_\_\_\_\_ from Sudbury Park & Recreation Programs. I understand that the Sudbury Park and Recreation Department is not responsible for any occurrences and/or accidents taking place outside of the program location (Fairbank Community Center, or designated field trip location). Please include any adults over age 18 living in your household (*including yourself!*).

\*Please remember that all people listed as **Authorized Pick Ups** **MUST come with a valid photo ID.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

### My child will be attending the following programs:

Program: \_\_\_\_\_

Program Session/Date: \_\_\_\_\_

Program: \_\_\_\_\_

Program Session/Date: \_\_\_\_\_

Program: \_\_\_\_\_

Program Session/Date: \_\_\_\_\_

Program: \_\_\_\_\_

Program Session/Date: \_\_\_\_\_

### Adults authorized to pick up my child:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

### Please list any individual(s) who is LEGALLY DENIED access to your child:

\_\_\_\_\_  
\_\_\_\_\_

To avoid problems at pick-up time, please include anyone who may ever possibly pick up your child. A written consent letter is required for pickup by anyone not on this list. Please remember to include car pool members.