



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

GREATER LOWELL YMCA
YMCA Camp Massapoag
PHYSICIAN RECORD FORM

Camper: _____
Last First M.I.

DOB: ____/____/____

MALE / FEMALE (circle one)

To complete this PHYSICIAN RECORD FORM both of the following requirements must be submitted with each child's registration:

- The above-named camper's most recent Physical Examination. Per Massachusetts CMR430.151, **Physical Examinations must be dated after August 22, 2012 and signed by a licensed healthcare provider.**
- The above-named camper's most recent Immunization History*. Per Massachusetts CMR430.152(A), **Immunization History must be signed by a licensed healthcare provider and include:**
Measles, Mumps, and Rubella (MMR) Vaccine - minimum of two (2) doses is required
Polio Vaccine - minimum of three (3) doses of either IPV or OPV (4 if mixed) is required
Diphtheria and Tetanus Toxoids and Pertussis Vaccine - minimum of four (4) doses of DTaP/DTP/DT or at least three (3) doses of Td is required
Hepatitis B - minimum of three (3) doses is required

*Exceptions to these requirements may be made provided there is documentation of contraindicated immunizations and/or religious objections.

NOTE:

If the camper is taking medications during camp hours and/or overnights, a Medication Administration Form must be completed for EACH MEDICATION. Based on the information we receive on the Emergency Consent Form and/or Doctor's Record, we will include additional appropriate forms in your confirmation packet .

Medications will only be administered by Camp Massapoag staff under the following circumstances:

- Medications provided are in the original prescribed container with instruction label intact.
- A completed/signed Medication Administration Form is on file with the Camp Office for EACH MEDICATION.
- Medication has been put in the possession of Camp Massapoag staff (bus monitor, extended care staff, office staff) or given directly to the Camp Health Supervisor.

**PHYSICAL AND IMMUNIZATION RECORD MUST BE
SUBMITTED WITH EACH REGISTRATION FORM**



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EMERGENCY CONSENT FORM

Must be completed and signed by Parent/Guardian and returned WITH YOUR REGISTRATION FORM

Camper: _____ DOB: ____/____/____ MALE / FEMALE (circle one)
Last First M.I.

Address: _____
Street City/Town Zip

THE FOLLOWING PEOPLE MUST HAVE THE ABILITY TO PICK UP A SICK OR INJURED CHILD IF NECESSARY:

Parent/Guardian 1	Home Phone	Business Phone	Other Phone (until 6PM)
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Parent/Guardian 2	Home Phone	Business Phone	Other Phone (until 6PM)
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Emergency Contact Name	Relationship	Business Phone	Other Phone (until 6pm)
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HEALTH CONCERNS AND ALLERGIES (check all that apply):

Asthma ____ Seasonal Allergies ____ Insect Bites/Stings ____ Food Allergies ____ Drug Allergies ____ Other _____

Allergy Explanation: _____

Medications** for allergies (including Epi Pen or Inhaler): _____

Will your child be taking any other kinds of medications** at camp? YES NO (circle one)

If yes, please list them here: _____

Will your child be taking any medication** during overnights at Camp Massapoag? YES NO (circle one)

If yes, please list them here: _____

**ALL MEDICATIONS (INCLUDING EPI PENS, INHALERS, AND/OR Rx MEDS) REQUIRE COMPLETION OF MEDICATION ADMINISTRATION FORM. OTC MEDS REQUIRE PARENTAL WRITTEN PERMISSION.

Does your child have any other medical concerns (diabetes, epilepsy, chronic headaches, ADD, DHD, ODD, etc.)? Please list all concerns:

Any activities to be encouraged: _____ or limited: _____

Any dietary modifications/restrictions: _____

Doctor's Name	Phone	Date of last Physical Exam
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Dentist's Name	Phone
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Hospital	Insurance Carrier	Policy or Group #
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EMERGENCY AUHORIZATION: I understand that every effort will be made to contact parents or guardians of campers in case of a health problem or emergency. If I cannot be reached, I authorize camp authorities and medical personnel selected by the Camp Director to administer first aid and, where necessary, to transport my child. I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, injections, anesthesia and/or surgery for my child. Camp authorities will notify parent/guardian as soon as possible. This form may be photocopied for use out of camp.

ACCURACY OF INFORMATION: The information contained here is correct so far as I know, and the person herein described has permission to engage in all camp activities except as noted.

IMMUNIZATION HISTORY AND PHYSICAL EXAM: State Board of Health guidelines require an Immunization History and Physical Examination Record from the camper's doctor be on file at camp. Please attach a copy of your doctor's form to the Physician's Record (on the reverse side). Without this Emergency Consent Form AND a complete Physical Examination Record AND Immunization History, your child will not be permitted to attend Camp Massapoag.

Signature of Parent/Guardian: _____ Date: _____