



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

- The above-named camper's most recent Physical Examination, signed by their physician.
- The above-named camper's most recent Immunization History

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.

THIS INFORMATION MUST BE SUBMITTED
WITH EACH CAMPER'S REGISTRATION FORM



YMCA Camp Massapoag 2015

EMERGENCY CONSENT FORM

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

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	Relationship	Home Phone	Work/Cell Phone
Parent/Guardian 2	Relationship	Home Phone	Work/Cell Phone
Emergency Contact Name	Relationship	Home Phone	Work/Cell Phone

PHYSICIAN INFORMATION

Doctor's Name	Phone	
Dentist's Name	Phone	
Hospital	Insurance Carrier	Policy or Group #

MEDICAL INFORMATION

Past Medical History (i.e. Asthma, Diabetes, epilepsy, chronic headaches, ADD, DHD, ODD, etc.) _____

Does your child take any daily medications? Yes No (if yes please list medication names and dosages) _____

List of Allergies: _____

Is your child required to have : (EpiPen) Yes No (Inhaler) Yes No (circle yes or no)

Does your child require medication to be administered **AT CAMP?** Yes No (if yes please list name, dosage, and time of administration) _____

Does your child require medication administration during a **SCHEDULED OVERNIGHT?** Yes No (if yes, please list medications) _____

****ALL MEDICATIONS (INCLUDING EPI PENS, INHALERS, AND/OR Rx MEDS) REQUIRE COMPLETION OF MEDICATION ADMINISTRATION FORM. OTC MEDS REQUIRE PARENTAL WRITTEN PERMISSION. **IF YOUR CHILD CAN HAVE TYLENOL/MOTRIN PLEASE PROVIDE ORIGINAL BOTTLE WITH CHILDS NAME ON IT, A WRITTEN LETTER GIVING PERMISSION TO ADMINISTER AND THE CORRECT DOSAGE.**

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: _____