

Pine Knoll/XTAC Health & Emergency Contact Form

***Must be turned into the Recreation Office at 328 North Main Street, E.L., MA 01028**

or emailed to pineknollcamp@eastlongmeadowma.gov (Pine Knoll) / xtac@eastlongmeadowma.gov (XTAC) prior to attendance*

CAMPER INFORMATION:

First and Last Name _____
Nickname(s) _____
Date of Birth _____
Address _____
City _____
State _____
Zip _____

Circle One: Male Female
Age as of today _____
School Attending in Fall _____
Grade in Fall _____
Home Phone _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian 1 Name _____
Parent/Guardian 1 Cell # _____
Parent/Guardian 1 Work # _____
Parent/Guardian 1 Address _____
Parent/Guardian 1 Email _____

Parent/Guardian 2 Name _____
Parent/Guardian 2 Cell # _____
Parent/Guardian 2 Work # _____
Parent/Guardian 2 Address _____
Parent/Guardian 2 Email _____

EMERGENCY INFORMATION:

Emergency Contact 1 Name _____
Emergency Contact 1 Cell # _____
Emergency Contact 1 Work # _____

Emergency Contact 2 Name _____
Emergency Contact 2 Cell # _____
Emergency Contact 2 Work # _____

Physician's Name _____
Physician's Phone Number _____
Preferred Hospital _____

HEALTH HISTORY & AUTHORIZATION FOR TREATMENT: **All questions must be answered.**

1. Has the camper required any counseling or hospitalization? Yes (Explain below) No
-
2. Has the camper had any operations or serious injuries? Yes (Explain below) No
-
- Does this camper...**
3. Have any emotional, intellectual and/or physical limitation? Yes (Explain below) No
-
4. Have an Individualized Education Plan (IEP) that you'd share? Yes (Explain below) No
-
5. Have an activity encouraged or limited by a physician? Yes (Explain below) No
-
6. Have dietary modification due to medical or religious guidelines? Yes (Explain below) No
-
7. Use assistive devices such as glasses, hearing aids, leg braces, etc? Yes (Explain below) No
-

8. Use an epi-pen for an allergy?

Yes (Explain below)

No

9. Other? Parent/Guardian concerns? Phobias? Allergies? Concerns?

Yes (Explain below)

No

IMMUNIZATIONS:

I understand that a copy of my child's up to date immunization records must be provided to the Recreation Office at 328 North Main Street prior to attendance. The immunization record must be provided for each attendee and must be on the child's primary care physician's letterhead. If immunizations are not up to date, the Recreation Department reserves the right to deny attendance.

Parent Signature _____

Date _____

CONSENT TO TREATMENT:

This health history is complete and correct to the best of my knowledge and the CAMPER herein described has permission to engage in all prescribed activities except as noted in writing. In the event that I cannot be reached, I hereby give permission to the medical personnel selected by the East Longmeadow Health Supervisor to treat or transport my child in a medical emergency. This form can be photocopied for trips off site and distributed to medical personnel who are treating the CAMPER.

Parent Signature _____

Date _____

MEDICINAL NEEDS

Neither the staff at Pine Knoll, nor the Recreation Department office, are permitted to administer non-life saving medication to your child. This includes, but is not limited to, over the counter items such as Tylenol, Benadryl and Ritalin. Campers are not permitted to carry these items. If your child requires such medication, a parent is required to administer it pre/post camp or to come onsite to the camp to provide it for their child. Only life-saving medication such as epi-pens or inhalers can be carried by campers. Life-saving medications must have the campers name on them, preferably included on the prescription.

Parent Signature _____

Date _____

SUNSCREEN POLICY

Parents/guardians should provide sunscreen for use during the camp day. Sunscreen sent to camp should be placed in a sealed plastic bag and labeled with the child's first and last name. During the camp day, camp staff will take all reasonable and appropriate steps to help each child reapply sunscreen to exposed skin- including the face, the tops of ears, and bare shoulders, arms, legs, & feet- prior to campers' participation in outdoor programs. If, for any reason, sunscreen cannot be applied to a camper, s/he may not be able to participate in outdoor activities for his/her own protection. If parents/guardians have more than one camper attending camp, we ask each camper have their own supply of sunscreen so that it is readily accessible throughout the camp day.

I give permission to carry and use sunscreen or insect repellent at camp and to use it throughout the day.

Parent Signature _____

Date _____

More on next page...

ALL QUESTIONS PERTAIN TO PARTICIPANT(S)

Insurance Company: _____	Policy Number: _____
Physician's Name: _____	Dentist's Name: _____
Phone Number: _____	Phone Number: _____

Heart Murmur: <input type="radio"/> Yes <input type="radio"/> No	Diabetes: <input type="radio"/> Yes <input type="radio"/> No
High Blood Pressure: <input type="radio"/> Yes <input type="radio"/> No	Ear, Nose, Throat Trouble: <input type="radio"/> Yes <input type="radio"/> No
Appendectomy: <input type="radio"/> Yes <input type="radio"/> No	Eye Trouble/Glasses/Contacts: <input type="radio"/> Yes <input type="radio"/> No
Disease or Injury to Joints: <input type="radio"/> Yes <input type="radio"/> No	Chest Pain: <input type="radio"/> Yes <input type="radio"/> No
Stomach Trouble/Ulcers: <input type="radio"/> Yes <input type="radio"/> No	Hernia Repair: <input type="radio"/> Yes <input type="radio"/> No
Epilepsy: <input type="radio"/> Yes <input type="radio"/> No	Back Problems: <input type="radio"/> Yes <input type="radio"/> No
Gum or Tooth Trouble: <input type="radio"/> Yes <input type="radio"/> No	Tuberculosis: <input type="radio"/> Yes <input type="radio"/> No
Hay Fever, Asthma: <input type="radio"/> Yes <input type="radio"/> No	Rheumatic Fever: <input type="radio"/> Yes <input type="radio"/> No
Shortness of Breath: <input type="radio"/> Yes <input type="radio"/> No	Bee Stings: <input type="radio"/> Yes <input type="radio"/> No
Dizziness, Fainting: <input type="radio"/> Yes <input type="radio"/> No	Poison Ivy: <input type="radio"/> Yes <input type="radio"/> No
Head Injury/Concussion: <input type="radio"/> Yes <input type="radio"/> No	Physical Restriction: <input type="radio"/> Yes <input type="radio"/> No

General Allergies: _____	Choice of Hospital: _____
Medications/Other: _____	

To participate, we, the undersigned, do hereby agree to hold, now and in the future, The Town of East Longmeadow, their officers, agents, and employees free from any liability for any personal injury or damages incurred as a result or participation in a program sponsored by the East Longmeadow Recreation Department. In the event that my child or I need emergency medical treatment or hospitalization while at the East Longmeadow Recreation Department, I hereby give my permission for the rescue squad to be called, and for emergency medical treatment to be given by the rescue squad, or pending the arrival of the rescue squad, for emergency treatment to be provided by the recreation staff and if deemed necessary for my child or me to be transported to the nearest hospital or hospital of choice indicated above.

Signature: _____ Date: _____