

MIDDLESEX COMMUNITY COLLEGE

2009 SUMMER CAMPS HEALTH FORM

CAMP: _____

DATES: _____

A COMPLETED IMMUNIZATION RECORD MUST BE PROVIDED PRIOR TO PARTICIPATION IN MIDDLESEX COMMUNITY COLLEGE SUMMER CAMPS. PLEASE PROVIDE A COPY OF YOUR CHILD'S MOST RECENT PHYSICAL EXAMINATION AND IMMUNIZATIONS. IT MUST BE CURRENT WITHIN THE PAST 24 MONTHS AT THE TIME OF THE CAMP REGISTRATION.

ALL OF THE INFORMATION ON THIS FORM IS CONFIDENTIAL AND FOR USE ONLY BY MIDDLESEX COMMUNITY COLLEGE IN THE EVENT OF AN EMERGENCY. THIS INFORMATION MAY BE SHARED WITH COLLEGE STAFF WHEN APPROPRIATE IN ACCORDANCE WITH FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) GUIDELINES.

CAMPER NAME: _____ GENDER: F M

CAMPER DOB: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN ADDRESS: _____

TELEPHONE # DAY: _____ TELEPHONE # EVENING: _____

CELL PHONE OR PAGER: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN ADDRESS: _____

TELEPHONE # DAY: _____ TELEPHONE # EVENING: _____

CELL PHONE OR PAGER: _____

HEALTH INSURANCE PROVIDER: _____ GROUP #: _____ EMP ID: _____

CAMPER'S PHYSICIAN: _____ TELEPHONE #: _____

EMERGENCY CONTACT

NOTE: THIS PERSON MUST ALSO BE ABLE TO AUTHORIZE MEDICAL TREATMENT IF NECESSARY.

IF THE PARENT/GUARDIAN WILL BE TRAVELING, PLEASE LEAVE CONTACT INFORMATION WITH US.

NAME: _____ TELEPHONE # DAY: _____

RELATIONSHIP: _____ TELEPHONE # EVENING: _____

I HEREBY AGREE TO HOLD HARMLESS MIDDLESEX COMMUNITY COLLEGE AND/OR ITS AGENTS FOR ANY INJURY, ACCIDENT OR LOSS TO THE CAMPER WHICH MAY OCCUR IN CONNECTION WITH ANY SUMMER CAMP PROGRAM.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

CONTINUED ON OTHER SIDE

MIDDLESEX COMMUNITY COLLEGE

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THE FOLLOWING INFORMATION IS REQUIRED.

ANY INCOMPLETE RECORD WILL DELAY PARTICIPATION IN CAMP.

PLEASE PROVIDE A SUMMARY OF THE CAMPER'S HEALTH HISTORY, INCLUDING:

DATE OF MOST RECENT PHYSICAL: _____

ALLERGIES: _____

MEDICATIONS: _____

RECENT ILLNESSES: _____

RECENT OPERATIONS: _____

DOES THE CAMPER HAVE DISABILITIES OR LIMITATIONS ON ACTIVITIES WHICH REQUIRE ACCOMMODATION? _____

DOES THE CAMPER USE AN INHALER, CARRY AN EPI PEN FOR ALLERGIES, OR REQUIRE ANY OTHER PRESCRIPTION OR OVER-THE-COUNTER MEDICATION TO BE GIVEN DURING PROGRAM HOURS? IF SO, A MEDICATION ORDER SIGNED BY THE CAMPER'S DOCTOR IS MANDATORY. _____

IF SO, PLEASE EXPLAIN. _____

ADDITIONAL INFORMATION: _____

RETURN TO:

ATTN: ANN MARIE FLYNN
COMMUNITY EDUCATION & TRAINING
MIDDLESEX COMMUNITY COLLEGE
591 SPRINGS ROAD
BEDFORD, MA 01730

FAX: 781-280-3812