

DISCOVERY ADVENTURES SUMMER PROGRAM

HEALTH & IMMUNIZATION HISTORY

In accordance with Massachusetts Department of Public Health regulations, no child may attend camp without completed immunization/health forms on site. Your failure to submit this form will cause your child to be excused from camp. No refunds will be given.

TO BE FILLED OUT BY PHYSICIAN

Child's Name: _____ Birthdate: / / Sex:

HEALTH CARE RECOMMENDATIONS BY LICENSED PHYSICIAN

I have examined the above applicant within the past two years. Date examined:

In my opinion, the camper's condition does not preclude his/her participation in a day camp program.

Height _____ Weight _____ Blood Pressure _____

The applicant is under the care of a physician for the following condition:

Current Treatment (Include current medications):

Explanation of any related loss of consciousness, seizure activity or concussion:

Does applicant have epilepsy? No Yes Diabetes? No Yes

RECOMMENDATIONS AND RESTRICTIONS FOR CHILD:

IMMUNIZATION HISTORY

VACCINE	DATE	VACCINE	DATE
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Hepatitis B	1.	Hib	1.
	2.		2.
	3.		3.
	4.		

DtaP	DTP	DT	TD	1.	MMR	1.
				2.		2.
				3.	Varicella	1.
				4.		2.
				5.		

IPV	OVP	1.
		2.
		3.
		4.

Chickenpox History

Check here if this person has a history of chickenpox.

Other

Licensed Physician Signature:

Address:

Phone:

Date of Form Completion *By

(initial if completed by nurse or physician's assistant)

Return to: DISCOVERY ADVENTURES P.O. BOX 31 GLOUCESTER, MA 01930 (978)283-3320

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MEDICATION AUTHORIZATION FORM

IF YOUR CHILD WILL BE NEEDING MEDICATION DURING CAMP SESSIONS, PLEASE COMPLETE THE FOLLOWING:

Name of Camper: Age:

**Parent or Guardian Name:
Name of Licensed Prescriber:**

**Name of Prescribed Medication(s):
Dosage information:
Route of Administration:
Expiration Date of Medications Received:
Special Storage Requirements:
Specific Directions (e.g., on empty stomach/with water, etc.):**

**Specific Precautions:
Possible Side Effects/Contraindications:**

Other medications (at parent's discretion):

I hereby authorize Discovery Adventures to administer to my child the medications specified above:

Parent/Guardian Signature: Date:

**Health Consultant Signature: Date:
(Discovery Adventures staff)**

105 CMR 430.160(A) Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over-the-counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use. Medications will be stored in locked containers.

105 CMR 430.160(C) Medication shall only be administered by the health supervisor* or by a licensed health care professional authorized to administer prescription medications. If the health supervisor is not a licensed health care professional authorized to administer prescription medications, the administration or medications shall be under the professional oversight of the health care consultant. Medication prescribed for campers brought from home shall only be administered if it is from the original container, there is written permission from the parent/guardian and the health care consultant approves in writing the administration of the medication.

105 CMR 430.160(D) When no longer needed, medications shall be returned to a parent/guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

****Health Supervisor – A person who is at least 18 yrs. of age, specially trained and certified in wilderness first aid at an EMT-Basic level as well as current American Heart Association CPR, has been trained in the administration of medications and is under the professional oversight of a licensed health care professional authorized to administer prescription medications.***