

Child's Name _____ (please print)
Last First

Sandwich Public School Summer Camp Program
774-313-6424

In accordance with 105 CMR: DEPARTMENT OF PUBLIC HEALTH 8/15/03 105 CMR – 1715 105 CMR 4ur30.000: MINIMUM STANDARDS FOR RECREATIONAL CAMPS FOR CHILDREN (STATE SANITARY CODE, CHAPTER IV), Sections: 430.150: Health Records; 430.151: Physical Examinations by Physician and Certificate of Immunization; 430.152: Required Immunizations; this form (both sides) must be completed and returned to the Sandwich Public School Summer Camp Program Office.

The Sandwich Public School Summer Camps must comply with Regulations of the Massachusetts Department of Public Health and be licensed by the Sandwich Board of Health.

Camp(s) Week 1 _____ Week 2 _____ Week 3 _____
Summer Fun Program () Yes () No Summer Fun Program () Yes () No Summer Fun Program () Yes () No

Camp(s) Week 4 _____ Week 5 _____ Week 6 _____
Summer Fun Program () Yes () No Summer Fun Program () Yes () No Summer Fun Program () Yes () No

Name of child _____ Date of Birth _____ Age _____ Gender F/M _____
Parent/Guardian _____ Day Phone _____ Cell Phone _____
Street Address _____ City _____ State _____ Zip _____
Name 2nd Parent/Guardian _____ Day Phone _____ Cell Phone _____

Emergency Contact (1) (Someone other than Parents in case parents cannot be reached)

Name _____ Relationship to Camper _____
Day Phone _____ Cell Phone _____

Dietary restrictions _____
Other diseases _____

Please describe any current physical, mental or psychological conditions requiring medication, treatment or special restrictions or considerations while at Camp _____

Current Doctor _____ Phone _____

Allergies

() Hay Fever _____ () Asthma _____
() Poison Ivy _____ () Penicillin _____
() Other Drugs _____ () Other _____
() Foods _____
() Insect Bites/Stings _____

Insurance Information Do you carry family medical/hospital insurance? _____ Yes _____ No
Insurance Carrier _____ Policy Holder _____ Insurance Number _____

This health history is correct and the child herein described has permission to engage in all prescribed camp activities except as noted. Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment, and necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above.

Signature _____ Date Signed _____

I give the Sandwich Public School Summer Camp Program permission to use my child's photograph or video for the purpose of advertising and or promotion of its program. Yes _____ No _____

Release of Liability

I the undersigned parent /guardian do hereby consent to my child's participation in the Summer Camps of the Sandwich Public Schools and/or the Town of Sandwich. I agree to forever release the Town of Sandwich and or the Sandwich Public Schools, its agents, employees, volunteers and all organizations or entities assisting in the activities from all claims, cause of action, directly or indirectly from personal injuries to my child as a result of participation in the Summer Camps of the Sandwich Public Schools/Town of Sandwich. I further affirm that I have read this release of liability and understand the contents of this form. I understand that my child's participation is voluntary. I affirm that I consent to my child's participation with full knowledge that I am hereby releasing all liability for any personal injuries that my child may suffer through participation in the programs offered by the Town of Sandwich and/or the Sandwich Public Schools Summer Camps.

Signature Parent/Guardian _____