



# CASEY FARM DAY CAMP Health Form, Medical Waiver and Release

- The following information **must be completed by the parent/legal guardian of the minor/camper**
- Form must be returned prior to the first day of camp.
- Completed form is necessary for attendance.
- All records remain private.
- If any changes occur at anytime, you must inform the program coordinator

**Name of Participant** \_\_\_\_\_  
*Last First Middle*

Female  Male  Date of Birth: \_\_\_\_\_ Age as of June 15: \_\_\_\_\_ Grade entering in fall: \_\_\_\_\_

Home address \_\_\_\_\_ Phone (h) \_\_\_\_\_  
*Street address City State Zip*

Summer address \_\_\_\_\_ Phone (s) \_\_\_\_\_  
*(If staying there during program) Street address City State Zip*

**Custodial parent or guardian** \_\_\_\_\_ Relationship \_\_\_\_\_

Home address \_\_\_\_\_  
*(If differs from above) Street address City State Zip*

Phone (Day) \_\_\_\_\_ (Eve) \_\_\_\_\_ (Cell) \_\_\_\_\_

**E-mail** \_\_\_\_\_  
*(Needed for camp communication)*

**Second parent or guardian** \_\_\_\_\_ Relationship \_\_\_\_\_

Home address \_\_\_\_\_  
*(If differs from above) Street address City State Zip*

Phone (Day) \_\_\_\_\_ (Eve) \_\_\_\_\_ (Cell) \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Additional Emergency Contact ♦ *Must be completed.*** *Should know the child well and/or can assist us in reaching the guardian. (Person other than guardians) ♦ Please include this person on the Release/Pick Up list on page 4, if local.*

Name \_\_\_\_\_ Phone \_\_\_\_\_ (Cell) \_\_\_\_\_

Relationship \_\_\_\_\_ Address \_\_\_\_\_  
*Street address City State Zip*

**Insurance Information ♦ *Must be completed.***

Is the child covered by health and accident insurance or Rite Care?  Yes  No

Insurance carrier \_\_\_\_\_ Group # \_\_\_\_\_ Insurance ID # \_\_\_\_\_  
*(or Plan Name) (if have one)*

Name of insured \_\_\_\_\_ Relationship to participant \_\_\_\_\_

**Health Care Provider Name** \_\_\_\_\_ Phone \_\_\_\_\_

Name of provider's practice \_\_\_\_\_ Address \_\_\_\_\_

**Dietary Restrictions:**  No known restrictions

Check all restrictions that apply.

*\*Peanuts/Nuts: Due to the public nature of our site we cannot guarantee that any area is 100% peanut/nut free.*

No Peanuts\*  No Tree Nuts\*  No Dairy  No Eggs  Vegetarian  Kosher  No Gluten

No \_\_\_\_\_ If needed please provide specific dietary instructions

**Allergies:**  No known allergies

This child is allergic to:  Food  Medicine  The environment (insect stings, hay fever, etc.)  Other \_\_\_\_\_

1) List what the child is allergic to, 2) the reaction seen, 3) how to manage the reaction and 4) if medications are to be brought to camp, you must complete page 3.

**Health History**—If your child has any special conditions, needs or limitations, you must speak with the Program Coordinator prior to being accepted into the program. Non-disclosure may result in dismissal from the program with no refund.

**Has/does the participant:**

Yes No

Yes No

- |   |                          |                          |   |                          |                          |
|---|--------------------------|--------------------------|---|--------------------------|--------------------------|
| 1. Had a recent injury, illness or infectious disease?.....       | <input type="checkbox"/> | <input type="checkbox"/> | 13. Had mononucleosis in the past 12 months?              | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have a <b>chronic</b> or recurring illness/condition?.....     | <input type="checkbox"/> | <input type="checkbox"/> | 14. Ever been stung by a bee?.                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Had <b>diabetes</b> or problems with blood sugar control?...   | <input type="checkbox"/> | <input type="checkbox"/> | 15..Ever been treated for Lyme Disease?..                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Been hospitalized/surgery within past 2 years?.....            | <input type="checkbox"/> | <input type="checkbox"/> | 16. Ever been treated for ADD or ADHD?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have <b>frequent headaches</b> ?.....                          | <input type="checkbox"/> | <input type="checkbox"/> | 17. Have <b>frequent stomachaches</b> ? .....             | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Ever had a head injury?.....                                   | <input type="checkbox"/> | <input type="checkbox"/> | 18. Have problems with constipation/diarrhea?.....        | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Had a <b>seizure</b> ?.....                                    | <input type="checkbox"/> | <input type="checkbox"/> | 19. Ever been treated for an eating disorder?.....        | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Wear eyeglasses, contacts or protective eye wear?.....         | <input type="checkbox"/> | <input type="checkbox"/> | 20. Passed out/had chest pain during or after exercise?.. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Had fainting or dizziness? .....                               | <input type="checkbox"/> | <input type="checkbox"/> | 21. Have frequent bloody nose?.                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Had <b>asthma</b> /wheezing? Note type and severity below.... | <input type="checkbox"/> | <input type="checkbox"/> | 22.. Ever been treated for <b>emotional or behavioral</b> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have any skin problems (rashes, severe acne)?.....            | <input type="checkbox"/> | <input type="checkbox"/> | difficulties.....   |                          |                          |

Explain any "yes" answers, noting the number of the question.

**To better serve your child,**

1. Please share any information about his/her behavior, physical, emotional or mental health about which we should be aware. These may include shyness, socialization difficulties, issues with stress, learning style, etc.
2. Please list strategies used to manage the concern and/or to enhance your child's ability to be more successful and happier while with us.

**When your child is upset, how do you calm him/her down?**

**Activity Restrictions**—Activities are similar to those described in the brochure and/or within information packets sent home. Please inform us of any restrictions that might limit your child's participation. In addition you must speak with the Program Coordinator regarding the issue.



**At-Home Medications**— Please list the condition and medications taken at home (Example: Hay fever-Claritin).

No medications taken on a routine basis.

Taken Daily: \_\_\_\_\_

Taken Seasonally: \_\_\_\_\_

As needed: \_\_\_\_\_

**At-Camp Medications**

- **Historic New England Staff do not provide or administer any medications to your camper.**
- Any medication must be administered by the legal guardian before or after the program.
- If medications are needed during the camp program they must be listed below.
- During camp medications must be administered by the child under the supervision of Historic New England Staff.
- Parent/Legal Guardian must supply any and all medications.
- Expired medications will not be allowed at the program site.
- **All medications** must be approved by a healthcare consultant/physician

**Prescription/Over-the-counter medications** must be in their original containers bearing the pharmacy label and have specific instructions for use (child's name, dosage, # pills inside, prescribing practitioner, pharmacy name & address, filler's initials, serial #). Over the counter medications must be in original container and labeled with the participant's name and dose.

#1 \_\_\_\_\_ Amount/dose given \_\_\_\_\_ Time/when it is given \_\_\_\_\_

Reason for taking \_\_\_\_\_ How it is given:  Inhaled  By mouth  Other: \_\_\_\_\_

#2 \_\_\_\_\_ Amount/dose given \_\_\_\_\_ Time/when it is given \_\_\_\_\_

Reason for taking \_\_\_\_\_ How it is given:  Inhaled  By mouth  Other: \_\_\_\_\_

#3 \_\_\_\_\_ Amount/dose given \_\_\_\_\_ Time/when it is given \_\_\_\_\_

Reason for taking \_\_\_\_\_ How it is given:  Inhaled  By mouth  Other: \_\_\_\_\_

**Asthma Emergency Medication**—1) List each medication separately above. 2) You must provide the pharmacy labels!

3) Sign the relevant statement below.

My child does not need to have the inhaler with him/her at all times. The medication may be stored in the **medication box** in the office. *Parent/Legal Guardian's Signature* \_\_\_\_\_

My child should have the medication/s with him/her at all times in the **campers backpack**. Note: Camp staff must monitor each dose. *Parent/Legal Guardian's Signature* \_\_\_\_\_

My child will bring a:  **nebulizer**  **spacer**

**Allergy Emergency Medications**—1) List each medication separately above. 2) You must provide the pharmacy labels!

3) Sign the relevant statement below. 4) Two Epipens should be provided.

5) Your child must be trained in the use of the Epipen.

Check which medication/s:  Benadryl,  Epipen Other: \_\_\_\_\_

My child does not need to have the medication/s with him/her at all times. The medication may be stored in the **medication box** in the office. *Parent/Legal Guardian's Signature* \_\_\_\_\_

My child should have the medication/s with him/her at all times in the **camper backpack**. Note: Camp staff must monitor each dose. *Parent/Legal Guardian's Signature* \_\_\_\_\_

If an **Epipen** is prescribed, does the child recognize the onset of an allergic reaction so as to notify staff upon the occurrence of these symptoms? Yes  No

**Release / Pick Up**

Name of Child: \_\_\_\_\_

- In case of a request for the release of the child to a person not listed below, the child will remain with staff until you have been contacted and have given us permission to release him/her.
- Pick up people need to bring a photo ID.
- To make additions to this list, the guardian may send a signed note.
- If there are specific people your child may not be released to, as an extra precaution, please inform the camp in writing.
- Give first and last names (John/Susan Lee, not "the Lees").

*My child may be released to the following people (include carpool drivers and those to pick up in an emergency):*

1. Name: _____	Relationship: <b>1st Parent/Guardian</b>
2. Name: _____	Relationship: <b>2nd Parent/Guardian</b>
3. Name: _____	Relationship: _____
Phone (Day) _____ (Eve) _____	(Cell) _____
4. Name: _____	Relationship: _____
Phone (Day) _____ (Eve) _____	(Cell) _____
5. Name: _____	Relationship: _____
Phone (Day) _____ (Eve) _____	(Cell) _____

**Medical Waiver and Authorization**

*Agreement to these terms is a required for participation.*

**1) Medical release:**

This Health History is correct and complete as far as I know. I hereby give permission to Historic New England staff who are trained in first aid to administer minor treatments and seek emergency medical treatment for my child named above. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to Historic New England staff to arrange necessary related transportation for my child named above. In case of a medical emergency, every reasonable effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission for the medical personnel selected by Historic New England to secure and administer medical treatment including to hospitalize, order and administer medications and anesthesia, perform X-rays, special procedures, or surgery, if deemed medically necessary for my child named above, for which charges I shall be responsible and agree to pay.

**2) Medications:**

I authorize the "At-Camp Medications" listed above to be administered by my child under the supervision of Historic New England staff, I understand that all medications, prescribed and over-the-counter, must be in their original containers and be labeled with specific instructions, including the person's name and dosage, and that the pharmacy label must be on all prescribed medications. I understand that in no circumstances that Historic New England's Staff can administer any medication to your child.

**3) Insurance:**

I certify that the participant herein described is covered by health and accident insurance or Medicaid and that the policy information given on page 1 is correct.

**4) Release/Pick Up:**

I understand the Release Policy as described in the Information Packet and authorize Historic New England to release my child to the persons and/or method listed above.

*I, the **parent/legal guardian** of the participant, have read, understood, and agree to the above.*

**1.** \_\_\_\_\_  
 \_\_\_\_\_  
 Parent/Legal Guardian's Signature Printed Name Date



Name of Child \_\_\_\_\_

# Agreement of Terms

### Program:

I give permission for my child to participate in all program activities similar to those described in the camp brochure or information packet. I understand that Historic New England reserves the right to change program activities or instructors and cancel programs should Historic New England decide in its sole judgment that it is necessary and appropriate to do so.

### Expectations/Dismissal:

I have informed appropriate Historic New England's staff of any limitations my child has and agree to abide by Historic New England's sole judgment as to whether or not the needs of my child can be accommodated. I understand that my child must follow the stated behavior expectations and safety rules and that Historic New England reserves the right to dismiss any child whose behavior in its judgment interferes with the rights and safety of others or consistently disrupts group dynamics and/or activities. In such cases no refunds will be given.

### Sun and Bugs:

I understand that outdoor exploration is an integral part of Historic New England's Casey Farm Camp programs and my child will, among other things, be exposed to sun, ticks and insects. I understand that it is my responsibility to apply sunscreen and insect repellent to my child prior to bringing him/her to the program. I hereby give permission for Historic New England staff to assist my child with the application of sunscreen and/or insect repellent. I understand that some ticks may transmit disease after being attached for over 24 hours and it is my responsibility to do a thorough body check of my child every day and to remove any ticks that may become attached. I understand that participants in programs will be given instructions on how to do self-checks and be reminded by staff to do so.

### Payment, Cancellation and Refund:

I understand and agree to the payment, cancellation, refund, and late fee policies as described in the camp brochure, confirmation letter or information packet I have read, understand and agree to abide by the terms and policies listed above as well as those found in the camp brochure or information packet.

2. \_\_\_\_\_  
Parent/Legal Guardian's Signature Printed Name Date

## Audio/Visual Image Release

Historic New England uses images and sounds of children and staff participating in programs as a way of documenting the enjoyable and educational experiences they have while exploring our sites. Historic New England will not identify my child, or will identify my child only by first name and program, unless I give specific written permission to do otherwise.

In consideration of the above, I hereby consent to Historic New England to;

- (1) Photographing, filming, and video/audio taping my child.
- (2) Using and displaying images and sounds of my child in Historic New England's websites, archives, and promotional or informational material, including, but not limited to, newsletters, brochures, advertisements, and newspaper articles, and I hereby waive and release on behalf of my child any rights of compensation for, or ownership of, such images and/or sounds of my child. I have read this media release and agree to its terms and conditions.

3. \_\_\_\_\_  
Parent/Legal Guardian's Signature Printed Name Date



**HISTORIC  
NEW ENGLAND**

*Defining the past. Shaping the future.*

Name of Child \_\_\_\_\_

## **Acknowledgement of Risk and Assumption of Personal Responsibility**

Historic New England staff members make every effort to conduct safe programs, to orient and support children, and to inform families of inherent risks. Some activities may involve risks that children do not routinely encounter at home. Risk management is an essential element of all the activities that we offer. While we anticipate that these efforts will ensure the wellbeing of each child, we are also aware that it is neither possible to foresee every contingency nor to eliminate all risk. I understand that program activities may include, but are not limited to: hiking on uneven terrain, playing active games, swimming, participating in activities near water and farm equipment, and other outdoor activities as well as making candles and being near program animals. Other risks may be inherent in program activities such as the hay ride. I acknowledge that such risks exist, and I hereby agree on behalf of my child to assume such risks. Further, on behalf of my child, I hereby release and forever discharge, and agree not to sue, and agree to indemnify and hold harmless, Historic New England Society, and its officers, directors, employees and volunteers and each of them, from and against any and all liabilities and obligations of every kind and description, which I shall or may have against them or any one or more of them arising out of, or in connection with, my child's participation in the Historic New England Camp program and its activities, including, but not limited to, for any personal injury that my child may suffer while participating in the New England Camp program and its activities, excepting in the case of gross negligence. I understand and agree on behalf of my child that my child shares the responsibility for safety during New England Camp program activities, and I personally assume on behalf of my child that responsibility. I understand and certify that my child's participation in the New England Camp program and its activities is completely voluntary, and that I have become familiar with the program activities in which my child may participate as described in the Agreement of Terms, camp brochure or information packet.

4. \_\_\_\_\_

Parent/Legal Guardian's Signature Printed Name Date