

MASSACHUSETTS - HEALTH & RELEASE FORM FOR CAMPERS

(YOU WILL NOT BE ADMITTED TO CAMP WITHOUT THIS AND OTHER LISTED MEDICAL FORMS.)

A physical exam performed within the last 18 months is required to be attached to this form - OR - the bottom of this page must be completed and signed by an appropriate medical authority. Immunization records are required to be submitted in the form of an "Immunization Certificate."

Camp: _____ Camp Location: _____ Camp Dates: _____
Camper/Staff Name: _____ Sex: _____ Age: _____ Height: _____ Weight: _____
Address: _____
Number and Street (and Apartment) City State Zip Code

Home Tel. #: _____
Parent/Guardian: _____ Tel. # (H): _____ Tel. # (W): _____
Emergency Contact: Name: _____ Tel. #: _____
The camp health staff may administer the following over-the-counter medications: Tylenol® or generic Advil® or generic Neither
The camper or staff member may self-administer the following: Inhaler Epi-pen Neither

HEALTH INSURANCE

Carrier: _____ Policy Number: _____
Policy Holder: _____ Holder's DOB: _____

I hereby certify that the named camper/staff is physically able to participate in the Camp and that I know of no restrictions, physical impairments, or any other condition, other than noted below, which would limit, in any manner, his or her participation in this program.

I hereby give permission for the camp health staff to dispense the prescription medications listed below. I hereby give permission for the named camper/staff to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the emergency contact named above, before taking this action. I UNDERSTAND THAT THERE IS RISK OF INJURY TO THE NAMED CAMPER/STAFF AS A RESULT OF CAMP ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF SUCH INJURY. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the insurance coverage for any medical treatment.

Signature of Parent or Guardian (or staff member, if over 18)

Date Signed

HEALTH RECORD AND EXAMINATION

***** Immunizations: In accordance with current Centers for Disease Control guidelines. (Attach your child's "Immunization Certificate" Forms) *****

Allergies? Yes No Explain: _____
Special Diet? Yes No Explain: _____
Special Needs? Yes No Explain: _____
Prescription Meds.? Yes No Explain: _____
Other Pertinent Medical Information: _____

I certify that I have physically examined the above named camper, and that the individual is is not able to participate in all camp activities. (If "Is not" please explain restrictions:) _____

Provider's Name: _____ License # and State: _____
Provider's Address: _____

Medical Provider's Signature

Date Signed

Recreation Camps for Children - Prescription Medication Record Form

(A separate form must be completed for each medication)

Camper's Name _____ Parent/Guardian _____
 Emergency Contact Telephone Numbers _____

Camp Name _____ Attendance Dates _____

Medication _____ Expiration Date _____
 Individual Dosage _____ Time(s) Given _____

Comments/Directions/Special Instructions _____

I hereby give permission for authorized camp officials to administer the above medication to my child.

_____ **Signature of Parent or Guardian** _____ **Date Signed** _____

- (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.
- (B) All medication prescribed for campers shall be kept in a locked storage cabinet used exclusively for medication, which is kept locked except when opened to obtain medication. The cabinet shall be substantially constructed and anchored securely to a solid surface. Medications requiring refrigeration shall be stored at temperatures of 38° to 42°F in a locked box, used exclusively for medications, and physically affixed to the refrigerator.
- (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 of medications shall be under the professional oversight of the health care consultant. The health care consultant shall acknowledge in writing a list of all medications administered at the camp. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is written permission from the parent/guardian.
- (D) When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be destroyed as follows:
- (1) Destruction of prescription medication shall be accomplished by the health care consultant, witnessed by a second person and recorded in a log maintained by the camp for this purpose. Said log shall include the name of the camper, the name of the medication, the quantity of the medication destroyed, and the date and method of destruction. The health care consultant and the witness shall sign each entry in the medication destruction log.
 - (2) The medication log shall be maintained for at least three years following the date of the last entry.

RECORD OF PRESCRIPTION DISTRIBUTION

Date/Time	Camper's Signature	Authorized Staff Signature	Date/Time	Camper's Signature	Authorized Staff Signature

To be signed by parent/guardian at completion of camp

My child has been given, and signed for, this medication as indicated, and that the excess, consisting of _____ doses, was returned to me at the completion of my child's camp attendance.

_____ **Signature of Parent or Guardian** _____ **Date Signed** _____

Meningococcal Disease and Camp Attendees: Commonly Asked Questions

August 2011

What is meningococcal disease?

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue (the “meninges”) that surrounds the brain and spinal cord and cause meningitis, or they may infect the blood or other organs of the body. In the US, about 1,000-3,000 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who survive, about 11-19% may lose limbs, become deaf, have problems with their nervous system, become mentally retarded, or have seizures or strokes.

How is meningococcal disease spread?

These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person’s saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing and sneezing.

Who is at most risk for getting meningococcal disease?

People who travel to certain parts of the world where the disease is very common, microbiologists, people with HIV infection and those exposed to meningococcal disease during an outbreak are at risk for meningococcal disease. Children and adults with damaged or removed spleens or terminal complement component deficiency (an inherited immune disorder) are at risk. People who live in certain settings such as college freshmen living in dormitories and military recruits are at greater risk of disease.

Are camp attendees at increased risk for meningococcal disease?

Children attending day or residential camps are **not** considered to be at an increased risk for meningococcal disease because of their participation.

Is there a vaccine against meningococcal disease?

There are currently 2 types of vaccines available in the US that protect against 4 of the most common of the 13 serogroups (subgroups) of *N. meningitidis* that cause serious disease. Meningococcal polysaccharide vaccine is approved for use in those 2 years of age and older. There are 2 licensed meningococcal conjugate vaccines. Menactra® is approved for use in those 9 months – 55 years of age. Menveo® is proved for use in those 2 to 55 years of age. Meningococcal vaccines are thought to provide protection for approximately 5 years.

Should my child receive meningococcal vaccine?

Meningococcal vaccine is **not** recommended for attendance at camps. However, this vaccine is recommended for certain age groups; contact your child’s health care provider. In addition, parents of children who are at higher risk of infection, because of certain medical conditions or other circumstances, should discuss vaccination with their child’s healthcare provider.

How can I protect my child from getting meningococcal disease?

The best protection against meningococcal disease and many other infectious diseases is thorough and frequent handwashing, respiratory hygiene and cough etiquette. Individuals should:

1. wash their hands often, especially after using the toilet and before eating or preparing food (hands should be washed with soap and water or an alcohol-based hand gel or rub may be used if hands are not visibly dirty);
2. cover their nose and mouth with a tissue when coughing or sneezing and discard the tissue in a trash can; or if they don’t have a tissue, cough or sneeze into their upper sleeve.
3. not share food, drinks or eating utensils with other people, especially if they are ill.

You can obtain more information about meningococcal disease or vaccination from your healthcare provider, your local Board of Health (listed in the phone book under government), or the Massachusetts Department of Public Health Division of Epidemiology and Immunization at (617) 983-6800 or toll-free at (888) 658-2850 or on the MDPH website at www.mass.gov/dph.