



# KINGSBURY *Club Medfield*

## Camp KIDSbury Health Form

### Health History:

Camper Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Parent Name: \_\_\_\_\_ Primary email: \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Emergency Contact if unable to reach parent: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Relationship to camper: \_\_\_\_\_

**Insurance Information:** Is the Camper/Staff covered by Medical/Hospital Insurance?  yes  no  
 If yes, Insurance Provider: \_\_\_\_\_ Camper/Staff Policy number: \_\_\_\_\_

**Allergies:** List all known. Describe reaction and management of reaction.  
 Medications allergies (list all) \_\_\_\_\_ Reaction & Management \_\_\_\_\_  
 \_\_\_\_\_  
 Food allergies (list all) \_\_\_\_\_ Other ie. Insect sting, asthma etc. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Medications:** Please list ALL medications taken routinely.  
 This person takes no medication routinely OR  This person takes medication as follows:  
 Med #1 \_\_\_\_\_ dosage \_\_\_\_\_ time(s) \_\_\_\_\_  
 Reason for taking \_\_\_\_\_  
 Med #2 \_\_\_\_\_ dosage \_\_\_\_\_ time(s) \_\_\_\_\_  
 Reason for taking \_\_\_\_\_

Please provide description of any current physical, mental, or psychological conditions requiring medication, treatment or special restrictions, accommodations or considerations while at camp.  
 \_\_\_\_\_  
 \_\_\_\_\_

Please describe any camp activities from which the camper/staff should be exempted for health reasons.  
 \_\_\_\_\_  
 \_\_\_\_\_

List any past medical treatment (i.e. recent injuries, illness, surgery etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please attach a copy of the most recent MD physical done within the last 12 months including day/month/year of ALL basic immunizations and all booster doses.**

**Please complete the Parent Authorizations form on the back of this sheet.**

**Parent Authorizations**

1. I give permission to the camp health supervisor to share information relevant to my child's health condition with appropriate camp personnel when needed to meet my child's health and safety needs.
2. I give the camp health supervisor permission to exchange information with my child's Primary Care Physician for the purpose of referral, diagnosis, and treatment.
3. I give the camp health supervisor permission to administer Tylenol, Advil, Motrin, ibuprofen, cough drops, and/or over-the-counter medications as deemed necessary. Manufacturer's dosage guidelines shall be used.
4. I give the camp health supervisor permission to delegate medication administration to non-licensed personnel after proper instruction on the dose, route, frequency and reason for administration of the medications(s) when deemed safe and appropriate. Staff is instructed to activate EMS in emergency situations.
5. In the event reasonable attempts to contact me by phone have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by a licensed physician or dentist and for the transfer of my child to any hospital reasonably accessible.
6. I agree to the release of any records necessary for insurance purposes.
7. The camper herein described has permission to go on off campus trips (if applicable).
8. I give permission for the contact, insurance, and parent/guardian sections of any forms to be photocopied for off campus trips (if applicable).
9. Risk Warning Statement-  
The Kingsbury Camp asks campers to participate in a variety of activities throughout the season. Many of these activities carry some risk of injury.  
The camp makes every effort to provide:  
-Safe transportation  
-Safe equipment and facilities  
-Competent instruction and supervision  
It is important that the camp has a record of your acknowledgement of these risks, and we ask you to sign and return this form. It is a statement agreeing that you understand that there are risks involved for campers involved in camp-sponsored activities.
10. I understand that my child will not be allowed to attend Kingsbury Camp until I have provided health records fully in compliance with state and local regulations. I understand and agree that it is the responsibility of the parent/guardian to provide the completed health information.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature



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## Summer Camp KIDSbury Medication Administration Form (If applicable)

**1. Signed Medication Order:** Licensed prescriber must complete  
 Camper's Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_  
 Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Route: \_\_\_\_\_  
 Frequency: \_\_\_\_\_ Times(s) of administration: \_\_\_\_\_  
 Consent for self-administration if the Camp nurse determines it is safe:  
 Yes \_\_\_ No \_\_\_  
 Print Provider's Name: \_\_\_\_\_ Signature of Licensed Provider: \_\_\_\_\_

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**2. Signed Parent/Guardian Consent:** My child is currently receiving the following medication(s):

**a.)** \_\_\_\_\_ **b.)** \_\_\_\_\_ **c.)** \_\_\_\_\_

I consent to have the camp nurse or camp personnel designated by the nurse to administer the following medication:

Medication: \_\_\_\_\_ Prescribed by: \_\_\_\_\_

**In certain circumstances only,** I consent for my child to self-administer the medication only if the camp nurse determines that it is safe and appropriate:

Yes \_\_\_ No \_\_\_

I understand that I may retrieve the medication from the camp at any time and the medication will be picked up on my child's last day at camp I understand that my child's medication will be properly destroyed if not retrieved 7 days beyond my child's last day at camp or by 12pm on the last day of camp, whichever comes first. I understand that medication must be delivered directly by me, or a responsible adult I designate. I understand that CAMPERS MAY NOT CARRY MEDICATION AT CAMP.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian

### 3. Medication Provided in the Original Pharmacy or

**Manufacturer-labeled Container:** Separate bottles need to be provided for camp and home. Only the doses to be given during camp hours should be brought to camp.

#### Office Use Only

Date medication received: \_\_\_\_\_ # units received: \_\_\_\_\_

Nurse's Signature: \_\_\_\_\_

NOTES \_\_\_\_\_

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## Camp KIDSbury

**Camper's Name:** \_\_\_\_\_

**Week(s) Attending:** \_\_\_\_\_

### Parent Camper Release Authorization

Person(s) other than parents authorized to pick up camper:

Name

Phone

Relationship to Camper

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

### Camper T-Shirt Choice

#### Children(s) Sizes

Small \_\_\_\_\_

Medium \_\_\_\_\_

Large \_\_\_\_\_

XL \_\_\_\_\_

OR

#### Adult Sizes

Small \_\_\_\_\_

Medium \_\_\_\_\_

Large \_\_\_\_\_

### Outstanding Balance Due if Applicable

**Amount Due \$** \_\_\_\_\_ Check payable to Kingsbury Club OR  
Please charge the credit card below for the balance due.

CC# \_\_\_\_\_ Exp.Date \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

### Extended Day

**Week(s):** \_\_\_\_\_

**Day(s):** \_\_\_\_\_

**Time(s):** \_\_\_\_\_