HOLY CROSS Camp Health Form and Waiver Instructions

Thank you for selecting the Holy Cross Boys Basketball Camp brought to you by Kennedy Basketball Camps LLC. We appreciate your support to help young people learn about and explore the world around them!

Complete the following forms. Please review the camp's website for the camp's payment and cancellation policy.

Please contact the Camp Director today:

- If your camper has special conditions, needs, or limitations, you must speak with the Camp Director to determine whether your camper can be accommodated at camp before registering. Non- disclosure may result in dismissal without refund.
- If your camper does not have health and accident insurance valid in the U.S.
- If your family's religious beliefs do not permit hospitalization, any emergency room medical procedures or medication, physical exams and/or immunizations.
- If you have concerns regarding the Agreement of Terms or Acknowledgment of Risk.

A new set of Camp Health Forms and Waivers must be completed for each camper prior to each camp season. Each Holy Cross Camp that the camper attends must have a copy of these signed forms on site.

The forms must be printed, signed, and E-mailed to mginsber@holycross.edu, along with the record of the camper's physical and immunizations (including the date of the most recent tetanus shot). Keep a copy of the forms for your files.

Scan and E-mail all Paperwork to mginsber@holycross.edu

Checklist:

- Complete the Camp Health form (4 pages).
  Sign on Health Form - Page 4.
- Read the Waivers (2 pages)
  Sign the Agreement of Terms on Waivers - Page 1
  Sign the Acknowledgment of Risk on Waivers - Page 2
- **Attach** a copy of your camper's physical exam and immunization records, which must include the date of the most recent tetanus shot. Immunizations must meet the requirements of the Massachusetts Dept. of Public Health. A physical exam is requested within the 12 months prior to camp.
- **Attach** a copy of the camper's Allergy and/or Asthma Action Plan, if the camper has these.
- **Attach** a copy of the front and back of the camper's insurance card(s).

Camp Health History

Instructions: A parent/guardian must complete this form for the camper. Attach any additional needed information, including a copy of the **camper's immunization** and **physical exam records**, **asthma/allergy action plans**, **health insurance card**, or other needed information. Keep a copy of the completed form for your records. If your camper has any special conditions, needs, or limitations, you must speak with the Camp Director before registering into the camp program. Non-disclosure may result in dismissal from the program without refund.

Camper Information:

Name: _____ ☐ _____ ☐ Female ☐ Male ☐ Other
Last First Middle Nickname

Birth Date: _____ Age as of June 15: _____ Grade entering in fall: _____
Month/Day/Year

Camper home address: _____
Street Address City State Zip Code

Local or summer address during camp, if different:

_____
Street Address City State Zip Code

Custodial Parent/Guardian	Second Parent/Guardian	Additional Emergency Contact (Required! Someone who knows the camper well, and can assist in reaching the guardian)
Name: _____	Name: _____	Name: _____
Relationship to camper: _____	Relationship to camper: _____	Relationship to camper: _____
Day Phone: _____	Day Phone: _____	Cell Phone: _____
Evening Phone: _____	Evening Phone: _____	Alternate Phone: _____
Cell Phone: _____	Cell Phone: _____	Address: _____
E-mail: _____	E-mail: _____	_____
Address, if different: _____	Address, if different: _____	
_____	_____	

Health Care Provider:

Primary Care Provider: _____ Phone: _____

Name of practice: _____ Address: _____

☐ **Required: Include a copy of the camper's immunization record and proof of physical exam within the 12 months before camp. The date of the last tetanus immunization is required.**

Medical Insurance: This camper is covered by health/accident insurance or Medicaid. ☐ Yes ☐ No

You must provide health insurance information below. For campers without health insurance, contact the Camp today!

Insurance Carrier/Plan Name: _____ Policy Number: _____ Subscrib

☐ **Required:** Include a copy of the front and back of the camper's health insurance card(s).

Restrictions: Camp activities are similar to those described in the newsletter, camp brochure, or information packet.

☐ I have reviewed the Camp's program/activities and feel the camper can participate without restrictions.

☐ I have reviewed the Camp's program/activities and feel the camper can participate with the following restrictions or adaptations. (Please describe below and speak with the Camp Director.)

Camper Name: _____ Last _____ First _____ Middle _____ Sport: _____ Date: _____

For Office use
Incomplete ☐
Called: ____
Return by: ____
Reviewed by: ____
Date: ____

☐ Immunizations
☐ Health Form
☐ Release
☐ Terms
☐ Risk
☐ Behavior
☐ Physical
☐ Insurance Card
☐ Day Camper
☐ Extended Day
☐ Overnight
☐ All Forms In

Allergies:

Medical Conditions/ Restrictions:

Medications at camp:

Allergies: ☐ No known allergies.
☐ This camper is allergic to: ☐ Food ☐ Medicine ☐ the environment (hay fever, insects, etc.) ☐ Other (Describe below the allergy and the reaction seen.)

☐ If a camper has an anaphylactic allergy, include a copy of the camper's allergy action plan. We cannot guarantee that any area at camp is allergen-free.

Diet and Nutrition: ☐ This camper eats a regular diet. ☐ This camper has special food needs. (Describe below.)

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below. Has/does the camper:

1. Been hospitalized/had surgery in past 2 yrs?	☐ Yes ☐ No	14. Passed out/had chest pain during exercise?	☐ Yes ☐ No
2. Have recurrent/chronic illness(es)?	☐ Yes ☐ No	15. Had mononucleosis during the past year?	☐ Yes ☐ No
3. Had a recent injury/illness/infection?	☐ Yes ☐ No	16. Ever had back/joint problems?	☐ Yes ☐ No
4. Ever had a head injury or concussion?	☐ Yes ☐ No	17. Ever been treated for Lyme Disease?	☐ Yes ☐ No
5. Have asthma*/wheezing/shortness of breath?	☐ Yes ☐ No	18. Ever been stung by a bee?	☐ Yes ☐ No
6. Have diabetes?	☐ Yes ☐ No	19. If female and of age, have problems with	
7. Had seizures?	☐ Yes ☐ No	periods/menstruation? ☐ Not Applicable	☐ Yes ☐ No
8. Have severe or frequent headaches?	☐ Yes ☐ No	20. Have problems falling asleep/sleepwalking?	☐ Yes ☐ No
9. Wear glasses/contacts/protective eyewear?	☐ Yes ☐ No	21. Have a current history of bedwetting?	☐ Yes ☐ No
10. Had fainting or dizziness?	☐ Yes ☐ No	22. Have any skin problems?	☐ Yes ☐ No
11. Have frequent bloody nose?	☐ Yes ☐ No	23. Have problems with diarrhea, constipation,	
12. Have motion sickness?	☐ Yes ☐ No	or frequent stomach aches?	☐ Yes ☐ No
13. Have a phobia? (note type/severity below)	☐ Yes ☐ No	24. Traveled outside the U.S. in the past year?	☐ Yes ☐ No

Explain "Yes" answers in the space below, noting the number of each question requiring a response. For travel outside the U.S., give places visited and dates of travel. Attach additional pages if needed.

* ☐ If a camper has asthma, include a copy of the camper's asthma action plan.

Mental, Emotional, and Social Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

1. Ever been diagnosed with attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD)?	☐ Yes ☐ No
2. Ever been treated for emotional/behavioral difficulties, self-harm, or an eating disorder?	☐ Yes ☐ No
3. Ever have need for an aide at school?	☐ Yes ☐ No
4. Used an individualized education plan (IEP) during the previous school year?	☐ Yes ☐ No
5. Speak a primary language other than English?	☐ Yes ☐ No

Explain "Yes" answers in the space below, noting the number of each question requiring a response. Attach additional pages or contact the Camp Director to provide additional information if needed.

To better care for your camper: Provide any additional information about the camper's behavior or physical, mental, emotional, and social health that you think important or that may affect the camper's ability to participate in the Camp program (shyness, learning style, etc.) List any strategies used to manage the concern or enhance the camper's ability.

Medications at home: ☐ This camper does not take medications regularly at home. (List at-camp medications on p. 3.)
☐ This camper takes the following medications at home. (Please describe the medication and condition below.)
☐ Daily: ☐ Seasonally: ☐ Other:

Camper Name: Last First Middle Sport: Date:

Date: _____ Sport: _____ Camper Name: _____ (First / Middle / Last)

Medications At Camp: ☐ This camper will not bring any medications to camp.

Include any medication that the camper may need to take at camp, including vitamins, Lactaid, etc. Attach additional pages if needed. If the camper will participate in an overnight, include evening or early morning medications. The camper's parent/ guardian must supply these medications, labeled with the camper's name, unexpired and in original containers, and bearing specific directions for administering. Prescription medications must have the full pharmacy label. Contact the camp director if a camper takes medication for mental health and the medication or dose has changed within the three months prior to camp.

☐ This camper will bring the following medications to camp:

Name of Medication	Amount or dose	How it is given (ex: by mouth)	When it is given	Date Started	Reason for taking
			☐Time: _____ ☐ As needed		
			☐Time: _____ ☐ As needed		
			☐Time: _____ ☐ As needed		
			☐Time: _____ ☐ As needed		

Asthma Emergency Medications: ☐ This camper does not have asthma emergency medications.
☐ Include a copy of the camper's asthma action plan. Contact the camp director if you have any questions.

Name of Medication	Amount/dose	Route (ex: inhaled)	When it is given

☐ This camper needs asthma medication only for respiratory illness and will not bring it to camp unless a parent/guardian notifies the camp.
☐ This camper will bring asthma medication to camp and should have it nearby at all times in the camp pack (P). Camp staff must monitor each dose. **Parent/Guardian Signature:** _____P
☐ This camper will also bring: ☐ nebulizer ☐ spacer

Allergy Emergency Medications: ☐ This camper does not have allergy emergency medications.
☐ Include a copy of the camper's allergy action plan. Contact the camp director if you have any questions. Provide two EpiPens bearing the original pharmacy labels.

Name of Medication	Amount/dose	Route (ex: injected)	When it is given
Benedryl/ diphenhydramine			
EpiPen/ EpiPen Jr.			

☐ This camper has been trained to administer his/her own EpiPen. (Required for age 5+)
☐ This camper recognizes the onset of an allergic reaction and can notify a camp staff member if symptoms occur.

Release/Pick-Up:

My camper may be released to the following adults (including carpool drivers or those who may pick up in an emergency.) Include first and last names (John/Susan Lee, not "the Lees").

1. Name: _____ Relationship: Custodial Parent/Guardian
2. Name: _____ Relationship: Second Parent/Guardian
3. Name: _____ Relationship: _____
   Phone Day: _____ Evening: _____ Cell: _____
4. Name: _____ Relationship: _____
   Phone Day: _____ Evening: _____ Cell: _____
5. Name: _____ Relationship: _____
   Phone Day: _____ Evening: _____ Cell: _____

The parent/guardian may send a signed note to make changes to this list. People picking up campers must bring a photo ID. If a person not listed above arrives to pick up a camper, the camper will remain with camp staff until the parent/guardian has been contacted and has given permission for the release. If there are specific people to whom the camper may not be released, please inform the camp in writing.

Medical Waiver and Authorization (agreement is required for participation):

Medical Release: This health history is correct and accurately reflects the known health status of the named camper. The camper described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to camp staff to provide routine health care; to administer prescribed or over-the-counter medications as described; and to provide or obtain emergency care and transportation for the camper if needed. I give permission to the physician selected by the camp to order x-rays, tests, and treatment related to the health of my child both for routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to any physician or hospital to hospitalize, secure proper treatment for, and order and administer medication, injection, anesthesia, X-rays, special procedures, or surgery for this child, if deemed medically necessary. I understand that I am responsible for the cost of any medical care or prescriptions my child requires. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I understand that information on this form will be shared on a "need to know" basis with camp staff.

Medications: Pursuant to Massachusetts law and Holy Cross policy, I authorize Holy Cross' designated healthcare staff and/or any Kennedy Basketball Camps LLC staff member to administer as listed above Medications At Camp and Asthma or Allergy Emergency Medications, as directed, to my child for whom it was prescribed. I understand that all medications at camp must be approved by the camp's off-site healthcare consultant, seen and checked by the camp's health supervisor, and each dose monitored by a camp staff member. I understand that all medications must be in their original containers, unexpired, and labeled with specific instructions, including the child's name and dosage, and that any prescription medications must include the full pharmacy label.

Insurance: I certify that the named camper is covered by health and accident insurance or Medicaid and that the policy information given is correct.

Release/Pick-up: I understand the release policy as described and authorize College of the Holy Cross and Kennedy Basketball Camps LLC to release my child to the people/methods listed above.

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

Signature of Custodial Parent/Guardian: _____ Date: _____

Print Name: _____ Relationship to camper: _____

Camper Name: _____ (Last) _____ (First) _____ (Middle) Sport: _____ Date: _____

Camp Agreement of Terms

Check your camp confirmation for the forms deadline!

Camper Name: _____
Last First Middle

Expectations/Dismissal: I have informed the Camp Director and other appropriate Holy Cross and Kennedy Basketball Camps LLC staff of any limitations to my child's participation and agree to abide by the camp director's sole judgment as to whether my child can be accommodated in the camp program. I understand that failing to disclose any physical, mental, emotional, or behavioral needs or conditions may result in the child's dismissal from the program without refund. I understand that my child must follow the stated behavior expectations and safety rules and that the camp reserves the right in its sole judgment to dismiss without refund any child whose behavior interferes with the rights and safety of others or consistently disrupts group dynamics or activities.

Sun and Bugs: I understand that outdoor exposure is an integral part of Holy Cross programs and my child will be exposed to risks including but not limited to sun and insects. I understand that it is my responsibility to apply sunscreen and insect repellant to my child before bringing him/her to camp each day. I give permission to Holy Cross and/or Kennedy Basketball Camps LLC staff to assist my child in re- applying sunscreen and insect repellant.

Payment, Cancellation, and Refund: I understand and agree to the payment, cancellation, refund, and late fee policies as described in the camp's newsletter, brochure, confirmation letter, or information packet.

I have read and agree to abide by the terms and policies listed above and those found in the camp newsletter, brochure, confirmation letter, or information packet.

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

Signature of Custodial Parent/Guardian: _____ Date: _____

Print Name: _____ Relationship to camper: _____

Camp Acknowledgement of Risk and Assumption of Personal Responsibility

Camper Name: _____
Last First Middle

Holy Cross and Kennedy Basketball Camps LLC 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 offered. 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 possible to eliminate all risk, even the risk of death or serious injury.

The camp newsletter, brochure, or information packet will inform you of special activities that the camper may participate in and other risks that may be inherent in program activities.

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 College of the Holy Cross and Kennedy Basketball Camps LLC 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 Camp program and activities, including, but not limited to, for any personal injury that my child may suffer while participating in the Holy Cross program and 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 Holy Cross Camp programs and activities, and I personally assume on behalf of my child that responsibility.

I understand and certify that my child's participation in the Holy Cross 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 or camp newsletter, brochure, or information packet.

Signature of Custodial Parent/Guardian: _____ Date: _____

Print Name: _____ Relationship to camper: _____

Camp Health Care Record

To the Parent/Guardian: ***If your healthcare provider has given you a form recording the most recent physical exam and all required immunizations, send a copy to the camp and do not complete and return this page.***

If your healthcare provider has not given you a form recording the most recent physical and all required immunizations, complete the Camper Information below and send this page to the provider's office to complete. It is your responsibility to return this completed page to the camp, prior to the forms deadline. Contact the Camp Director for a waiver that must be completed if the camper has not had a physical exam or been fully immunized for religious reasons. Keep a copy of this completed form for your records.

Camper Information:

Name: _____ ☐Female ☐Male ☐Other Birth Date: _____
First Middle Last Month/Day/Year

Parent/Guardian Name: _____ Parent/Guardian Phone: _____

To the licensed medical provider: Complete this form for the camper named above. Attach any additional needed information. A copy of a previously completed form from a yearly physical, or similar, may be submitted in place of this form.

Physical exam done today: ☐ Yes ☐ No (If "No", date of last physical: _____)
Month/Day/Year

Physical exam requested within 12 months prior to camp.

Weight: _____lbs Height: _____ft _____in. Blood Pressure: _____/ _____

Allergies: ☐ No known allergies.

☐ This camper is allergic to (list all): ☐ Food ☐ Medicine ☐ the environment (hay fever, insect stings, etc.) ☐ Other

Describe previous reactions:

If a camper has an anaphylactic allergy or asthma, include a copy of the camper's allergy and/or asthma action plan(s).

Diet and Nutrition: ☐ This camper eats a regular diet.

☐ This camper has a medically prescribed diet or dietary restrictions. Please describe:

Medications: ☐ This camper does not take any medications.

☐ This camper takes the following medication(s). Describe below, and include the medication name, dose, frequency, and reason for taking. Attach additional information if needed.

Will the camper require limitations or restrictions to activity while at camp? ☐ No ☐ Yes

If "Yes", what limitations/restrictions do you recommend? Describe below. Attach additional information if needed.

Additional information for camp healthcare staff:

Immunization History: Provide the **day, month, and year** for each immunization. Massachusetts requirements are listed below. Serologic proof of immunity is accepted in lieu of immunization. Campers must meet the requirements for the grade they are entering for summer camp. Immunizations must be recorded and signed by a licensed medical provider. The date of the last tetanus immunization is required.

Immunization [Grade(s): # doses]	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5/most recent
Diphtheria, tetanus, pertussis (DTP, DT, DTaP, Td, or TdaP) [Pre, 1st-6th: 4, K: 5]					
Tetanus booster (Td, TdaP) [7th-10th: 1]	must be within the last 10 years				
Measles, Mumps, Rubella (MMR or MMRV) [Pre: 1, K-12th: 2]					
Polio (OPV or IPV) [Pre, 7th-12th: 3, K-6th: 4]					
Hepatitis B [Pre-6th: 3]					

Signature of Licensed Provider: _____ Date: _____

Print Name: _____ Title: _____ Office Phone: _____

Office Address: _____
Street Address City State Zip Code