Emergency Contact Form

(Camper Last Name) _____ (Camper First Name) _____

Person to be notified in case of injury:

Last Name _____ First Name _____

Relationship _____

Home Phone ( ) _____ Work Phone ( ) _____

Cell Phone ( ) _____ Pager ( ) _____

Physician to be notified in case of injury:

Last Name _____ First Name _____

Address _____ City _____ State _____

Work Phone ( ) _____ Zip _____

Dentist to be notified in case of injury:

Last Name _____ First Name _____

Address _____ City _____ State _____

Work Phone ( ) _____ Zip _____

For your safety and our records, please answer the following questions in detail.

Do you have medical insurance? Yes _____ No _____

Name of Insurance Company _____

Address _____ City _____ State _____

Policy # _____ Zip _____

Consent is hereby given for the applicant to attend Gordon College Camp and, in case of an emergency, permission is given to the camp instructors to secure proper medical care.

I understand and accept the condition that neither Gordon College nor anyone assoicated with Gordon Athletic Camps will assume any responsibility for accidents and medical or dental expenses incurred as a result of participation in the programs.

Date _____ Signature of Parent or Guardian _____

SPORT: _____

_____ _____

camper last name camper first name

Camper Pick-up Release Form

To better ensure the safety of each camper, we ask that all parent/guardians fill out this Pick-Up Release Form. We realize that there may be times when someone other than yourself will be picking up your child from camp. If the person coming in is not on the list, we will not release your child to that person. ****We reserve the right to deny release to any person who does not have a valid picture ID.**

Furthermore, any parent has the right to review staff background checks, health care documents, discipline policies, and grievance procedures upon request.

If you have any questions, please call the Gordon College Athletic Department at 978-867-4338

Please list all people, **including yourself**, who are allowed to pick up your child.

Name (print names)

1. _____
2. _____
3. _____
4. _____
5. _____

Parent/Guardian Signature: _____

Sunscreen Policy:

Parents/guardians should provide sunscreen for use during the camp day.

Sunscreen sent to camp should be placed in a sealed plastic bag and labeled with the child's first and last name.

The American Academy of Dermatology recommends everyone use sunscreen that offers the following:

- Broad-spectrum protection (protects against UVA and UVB rays)
- SPF 30 or higher
- Water resistance

All Gordon Athletic Summer Camps will be stocked with Coppertone Sport Continuous Sunscreen Spray SPF 30 or higher with broad spectrum UVA/UVB protection for use by any camper that does not supply their own.

Families are responsible for applying the first layer of sunscreen prior to morning drop-off and provide it for use during the camp day.

During the camp day, our staff will take all reasonable and appropriate steps to help each child reapply sunscreen to exposed skin– including the face, the tops of ears, and bare shoulders, arms, legs, & feet– prior to campers' participation in outdoor programs.

Staff will only apply sunscreen when another staff member is present.

Camper Name: _____

_____ _____ _____

Parent/Guardian Signature **Print Name** **Date**

PERMISSION TO ADMINISTER EPI-PEN

I, the undersigned parent or guardian, give permission for the Gordon Camp Health Care Manager or his/her designee to administer epinephrine via the prescribed epi-pen to my child _____.
(Child Name)

I have provided the needed written prescriptions or orders from my physician which state that the child requires the epi-pen for anaphylaxis. My child is incapable of administering the epi-pen him/herself.

_____
Signature of Parent or Guardian

_____
Printed name of Parent or Guardian

_____
Date

Gordon College Fighting Scots

Summer Camp Health History Form

A health history is required by the Massachusetts Department of Public Health for all summer camp staff and campers. Please know that we value your privacy. Information provided is available only to the camp director and camp health staff.

Name:_____ **Sport:**_____

Please check all that apply to you and your health history:

- ☐ 1. Recent injury, illness or infectious disease
- ☐ 2. Chronic or recurring illness
- ☐ 3. Asthma/Wheezing/Shortness of Breath
- ☐ 4. Homesickness
- ☐ 5. Frequent ear infections
- ☐ 6. Seizure disorder or convulsions
- ☐ 7. Dizziness during or after exercise
- ☐ 8. Chest pain during or after exercise
- ☐ 9. Heart defect/disease
- ☐ 10. Hypertension
- ☐ 11. Bleeding/Clotting disorders
- ☐ 12. Diabetes
- ☐ 13. Mononucleosis (in last 12mos)
- ☐ 14. Chicken pox
- ☐ 15. Measles
- ☐ 16. German measles
- ☐ 17. Mumps
- ☐ 18. Tuberculosis
- ☐ 19. Hepatitis
- ☐ 20. Joint problems (knees, ankles)
- ☐ 21. Fractures
- ☐ 22. Frequent headaches
- ☐ 23. Head injury
- ☐ 24. Eating disorder
- ☐ 25. Diarrhea or constipation
- ☐ 26. Frequent stomachaches
- ☐ 27. Wears glasses or contacts
- ☐ 28. Been hospitalized
- ☐ 29. Wear a Medic Alert ID

Please list the number and provide explanation for any checked items:

_____ _____ _____

Physicians Signature **Print Name** **Date**