

Emergency Contact Form



Camper Last Name

Camper First Name

Person to be notified in case of injury:

Last Name _____ First Name _____

Relationship _____

Cell Phone _____ Work Phone _____

Physician to be notified in case of injury:

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Work Phone _____

Dentist to be notified in case of injury:

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Work Phone _____

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 _____ Zip _____

Policy # _____

Consent is hereby given for the applicant to attend North Shore Tennis Camps, 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 North Shore Tennis Camps will not assume any responsibility for accidents and medical or dental expenses incurred as a result of participation in the camps.

Date

Parent/Guardian Signature



Camper 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 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 Camp Director at 978-390-7870.

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

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

North Shore Tennis 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 North Shore Tennis Camps 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.

Parent/Guardian Signature

Printed Name

Date

North Shore Tennis Camps

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.

Camper Name: _____

Please check all that apply to your child and his/her health history:

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

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

Parent/Guardian Signature

Print Name

Date