HEALTH FORM

Complete this form each year. Please return this form to The JamZone.

Camper's Legal Name: _____ Date of Birth: _____ Date of Medical Evaluation: _____

In my opinion, this person's condition ☐ **does** ☐ **does not** allow his/her participation in an active camp program.

Please describe any restrictions for participation: _____

Current treatment to be continued at camp (include current medications): _____

Explanation of any reported loss of consciousness, convulsion, or concussion: _____

This person is allergic to the following (food, medication, etc.): _____

Treatment for allergic response: _____

Any medically prescribed dietary restrictions: _____

Any specific safety considerations (necessary medications, etc): _____

Does this person have epilepsy? ☐ Yes ☐ No
Is this condition able to be controlled by camper? ☐ Yes ☐ No

Does this person have diabetes? ☐ Yes ☐ No
Is this condition able to be controlled by camper? ☐ Yes ☐ No

Does this person have asthma? ☐ Yes ☐ No
Is this condition able to be controlled by camper? ☐ Yes ☐ No

HEALTH INFORMATION *State and Local Health regulations require that each camper submit a complete Health Record to include:*

Please check off each item that you have completed for return to The JamZone.

☐ **This Health Form**: Signed by the parent/guardian.

☐ **Certificate of Immunization (or Vaccine Administration Record)**: Massachusetts requires a Certificate of Immunization for all campers and staff. Please attached form signed by a licensed health care provider that includes evidence of these vaccines:

☐ Measles, Mumps and Rubella (MMR) ☐ Polio (IPV or OPV) ☐ Diphtheria and Tetanus Toxoids and Pertussis (DTaP/DTB/DT or Td)
☐ Hepatitis B and/or evidence of immunity ☐ A recent physical examination signed by a licensed health care provider.

Date of last Tetanus:_____ ☐ I Agree all other immunizations are up to date

☐ **Physical Form**: Massachusetts requires a report of a Physical examination within the past 18 months.

Name of family physician: _____ Phone: _____

Parent/Guardian's Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____ Phone: _____