



110 Valley Road  
Plymouth, MA 02360  
(508)888-2634

### CAMP BOURNEDEALE HEALTH FORM

\*Camper Name: \_\_\_\_\_ \*D.O.B.: \_\_\_\_\_ \*Age: \_\_\_\_\_ \*M/F: \_\_\_\_\_ \* Grade: \_\_\_\_\_

\*Home address: \_\_\_\_\_

#### Parent/Guardian with LEGAL custody to be contacted In Case of Emergency

\*Name: \_\_\_\_\_ \*Relationship to Camper: \_\_\_\_\_

\*Preferred Phone #'s: 1. \_\_\_\_\_ 2. \_\_\_\_\_ Email: \_\_\_\_\_

#### Second Parent/Guardian or other Emergency Contact

\*Name: \_\_\_\_\_ \*Relationship to Camper: \_\_\_\_\_

\*Preferred Phone #'s: 1. \_\_\_\_\_ 2. \_\_\_\_\_ Email: \_\_\_\_\_

\*Family Physician: \_\_\_\_\_ \*Address: \_\_\_\_\_

\*Does your child have any dietary restrictions or food allergies? (Please describe below what the allergy and/or restriction is as well as the reaction seen).

\_\_\_\_\_

\*Does your child have any allergies to medicines, bee stings or environmental? Please describe:

\_\_\_\_\_

\*Will your child be under medical treatment for ANY condition(s) during this program? NO \_\_\_\_\_ YES \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\*Does your child have any chronic illnesses? NO \_\_\_\_\_ YES \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\*Should there be any restrictions on your child's activities? NO \_\_\_\_\_ YES \_\_\_\_\_ Please explain: \_\_\_\_\_

\_\_\_\_\_

**\*\*Please note any additional information or suggestions regarding your child which may be helpful\*\*:**

Emotional Stability: \_\_\_\_\_

Maturity: \_\_\_\_\_

Any personal problems: \_\_\_\_\_

Any behavioral problems: \_\_\_\_\_

Any learning problems: \_\_\_\_\_

Has your child had Chicken Pox? NO \_\_\_\_\_ YES \_\_\_\_\_

Has your child had the Varicella Vaccine (Chicken Pox Vaccine)? NO \_\_\_\_\_ YES \_\_\_\_\_

Has your child had the Covid Vaccine? NO \_\_\_\_\_ YES \_\_\_\_\_ Dates of Vaccine (s): \_\_\_\_\_

Date of last Tetanus Vaccine: \_\_\_\_\_

**\*\*Please attach your child's most recent IMMUNIZATION and physical form from your child's physician\*\***  
**Most forms are electronically signed already and that is ok. If it is not, it must have the doctor's signature.**  
**(This must be attached for campers to be allowed onto campus).**

**\*\*Please list any medications your child will need at camp. Prescribed medication must be in original container bearing a pharmacy label that shows the prescription number, date filled, physician name, medication name and directions for use. \*\***

**\*\*Non-prescriptions must be in their original containers with directions for use. All medication whether prescription or non-prescription must have physician's signature to be administered. \*\***

Medications	Amount	Time Given
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**\*PHYSICIAN'S SIGNATURE (if we are giving medication):** \_\_\_\_\_

**\*Date:** \_\_\_\_\_

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I understand every effort will be made to contact me; however, IN CASE OF EMERGENCY, I hereby give permission to the physician selected by the camps personnel to hospitalize, secure proper treatment for an order of injection, anesthesia or surgery for my child. I give permission to the camps nurse and staff members to supervise my child while taking the above medication(s) and to administer first aid if needed. I also give permission to the camp nursing staff to provide basic care in case of sudden illness (I.E.: sore throat, fever, cold symptoms) and dispense over the counter medications as needed.

**The following is a list of stocked non-prescription medications. Please check those your child could have on an AS NEEDED BASIS to manage illness and injury.**

Acetaminophen (Tylenol) \_\_\_\_\_  
Ibuprofen \_\_\_\_\_  
Benadryl \_\_\_\_\_  
Cough Drops \_\_\_\_\_  
Sore Throat Drops \_\_\_\_\_

Calamine Lotion \_\_\_\_\_  
Antibiotic Cream \_\_\_\_\_  
Aloe \_\_\_\_\_  
Tums \_\_\_\_\_

**\*Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy/Group Number

\_\_\_\_\_  
Name of Insured

**\*\*Should you have any questions please call our Camp Nurse Adria Samuels at (617)680-5168\*\***