



**WESTFORD SWIM & TENNIS CLUB SUMMER CAMP
ALTERNATIVE PICK-UP POLICY/FORM**

Campers will be released only to parents or a parent designated individual. WS&TC Summer Camp must receive, in writing from the parent, the name of the designated individual who will be picking up the camper(s). WS&TC Summer Camp staff may request identification from that individual before releasing any camper(s).

Camper's Name: _____

Parent's Name: _____

Designated Person's Name: _____

Parent's Signature: _____

Date: _____



WS&TC Summer Camp Daily Checklist

- 1. Lunch**
- 2. Snacks – 2 per day**
- 3. Refillable water bottle**
- 4. Sneakers**
- 5. Comfortable athletic clothes**
- 6. Swim suit**
- 7. Towel**
- 8. Sun Screen**
- 9. Hat**
- 10. Extra change of clothes**
- 11. Tennis racket – please let us know in advance if your child does not have a tennis racket**



WS&TC Summer Camp General Release Form

Camper(s) Name(s): _____

Camper(s) Release: I understand that my child/children will be released at the end of the camp day to a parent or individual designated in writing by the parent.

Participation and Recording Images: I understand, as indicated by my signature below, that this authorization and release allows my child to participate fully in all aspects of WS&TC Camps. I give permission for my child to be photographed and recorded during camp participation. I understand that these images may be used in future promotional events and literature.

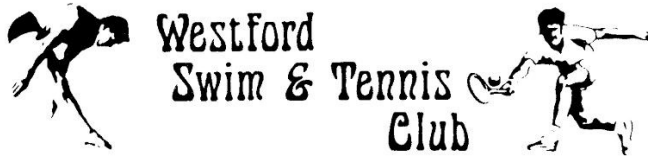
Transportation: I permit for my child / children to participate in all planned activities at WS&TC Camps that require any off-site activity. I permit my child to be transported via bus to Westford Racquet & Fitness Club located at 4 Littleton Rd, Westford, MA to participate in indoor camp activities in the event of rain.

Walking: I permit my child/children to walk to nearby locations with staff supervision.

General: I, the undersigned, attest that I am the parent or legal guardian of the above camper(s) who attends WS&TC Camps and agree to allow him / her / them to participate fully in all activities.

My signature indicates that I have read and understand the releases:

Parent/Guardian Signature: _____ Date: _____



WS&TC Summer Camp Health Form

Camper's Name _____ Age _____ DOB ____ / ____ / ____

Mother / Guardian _____ Father / Guardian _____

Work & Cell Phone _____ Work & Cell Phone _____

If not available in an emergency, notify:

1. Name _____ 2. Name _____

Address _____ Address _____

Phone _____ Phone _____

Health History:

- Frequent ear infections
- Heart defect
- Convulsions
- Bleeding/clotting disorder
- Hypertension
- Mononucleosis
- Psychiatric treatment
- Asthma

Allergies:

- Poison ivy, etc.
- Insect stings
- Penicillin
- Other drugs
- Other: _____

Diseases:

- Chicken Pox Measles
- German Measles Mumps

Please provide additional details about any checked item:

Are there any medical conditions we should be aware of? YES or NO

If so please explain:

Surgeries or serious injuries (please provide dates):

Disabilities or chronic illnesses:

Activities discouraged by physician:

Dietary limitations:

Does the camper require medication to be dispensed during camp time? Yes / No

If so, please list: Type: _____ Dosage: _____ Time: _____

Physician: _____ Phone _____

Dentist / Orthodontist: _____ Phone _____

Date of last physical: _____

Does the camper have medical/hospital insurance? Yes / No

Insurance carrier: _____ Policy #: _____

This health history is correct as far as I know and the person herein described has permission to engage in all camp activities except as noted.

Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment and transportation for my child named above. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child named above. The completed forms may be photocopied for trips out of the camp.

Parent's Signature _____ Date _____

*Please fill out and return with application to:

WS&TC Summer Camp

4 Littleton Rd

Westford, MA 01886

AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER

(To be completed by parent/guardian)

Name of Camper: _____ Age: _____
Food/Drug Allergies: _____
Diagnosis (at parents discretion): _____

Parent/Guardian Name: _____
Home Telephone: _____
Business Telephone: _____
Emergency Telephone: _____

Name of Licensed Prescriber: _____

Business Telephone: _____
Emergency Telephone: _____

Name of Medication: _____ Dose given at camp: _____ Route of Administration: _____
Frequency: _____ Date Ordered: _____ Duration of Order: _____ Quantity Received: _____
Expiration date of Medications Received: _____ Special Storage Requirements: _____

Specific Directions (e.g., on empty stomach/with water): _____

Specific Precautions: _____

Possible Side Effects/Adverse Reactions: _____

Other medications (at parents' discretion): _____

Location where medication administration will occur: _____

(Over)

Authorization to Administer Medication to a Camper (2)

I hereby authorize _____ to administer, to my child, _____ the medication(s)
(NAME OF CAMP) (NAME OF CHILD)
listed above, in accordance with 105 CMR 430.160.

105 CMR 430.160(A)

Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use.

105 CMR 430.160(C)

Medication shall only be administered by the health supervisor or by a licensed health care professional authorized to administer prescription medications. The health care consultant shall acknowledge in writing the list of medications administered at the camp. If the health supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is written permission from the parent/guardian.*

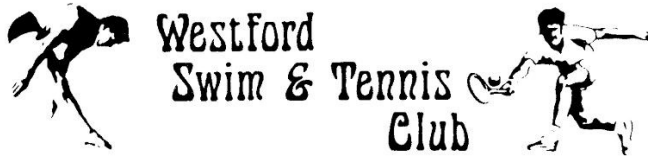
105 CMR 430.160(D)

When no longer needed, medications shall be returned to a parent of guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

*Health Supervisor – A person who is at least 18 years of age, specially trained and certified in at least current American Red Cross First Aid (or its equivalent) and CPR, has been trained in the administration of medications and is under the professional oversight of a licensed health care professional authorized to administer prescription medications.

Parent/Guardian Signature: _____

Date: _____



WS&TC Summer Camp Physician's Form

(To be completed by physician or nurse)

Immunization History:

Please record the date/month/year of basic immunizations and most recent booster doses.

Vaccines	Date of Basic Immunization	Date of Last Booster
Diphtheria	____ / ____ / ____	____ / ____ / ____
Pertussus	____ / ____ / ____	____ / ____ / ____
Tetanus DPT	____ / ____ / ____	____ / ____ / ____

OR

Tetanus	____ / ____ / ____	____ / ____ / ____
Diphtheria TD	____ / ____ / ____	____ / ____ / ____
Oral Polio (Sabin) *TOPV	____ / ____ / ____	____ / ____ / ____
Injectable Polio (Salk)	____ / ____ / ____	____ / ____ / ____
Measles (Hard Measles, Red Measles, Rubella)	____ / ____ / ____	____ / ____ / ____
Mumps	____ / ____ / ____	____ / ____ / ____
Rubella (German Measles, 3 Day Measles)	____ / ____ / ____	____ / ____ / ____
Hepatitis B	1. ____ / ____ / ____ 2. ____ / ____ / ____ 3. ____ / ____ / ____	
Tuberculin test given (most recent):	____ / ____ / ____	
Haemophilus Influenza b (HIB)	____ / ____ / ____	

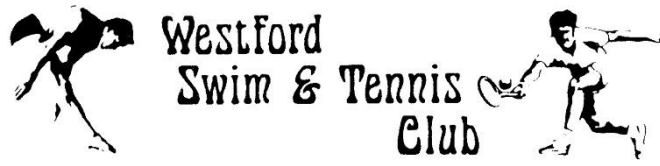
Healthcare Recommendations Given By Licensed Physician:

Applicant's Name _____ Age _____ DOB ____ / ____ / ____
 Sex: _____ Height: _____ Weight: _____ Blood Pressure: _____

I have examined the above applicant within the past two years (Date: ____ / ____ / ____). In my opinion, the applicant's condition ____ does ____ does not precluded his / her to participate in an active camp program.

Physician's Signature _____ Date _____

*Please fill out and return with application to:
 WS&TC Summer Camp
 4 Littleton Rd
 Westford, MA 01886



WESTFORD SWIM & TENNIS CLUB SUMMER CAMP TRANSPORTATION POLICY

In the event of inclement weather, campers will be transported via bus to Westford Racquet & Fitness Club located at 4 Littleton Rd. in Westford for indoor camp activities. Parents will sign a form indicating their permission for campers to be transported by bus.

Campers will only be transported between Westford Swim & Tennis Club (250 Littleton Rd.) and Westford Racquet & Fitness Club (4 Littleton Rd). All campers will be kept together at one of these two locations at all times. Staff members will not be allowed to transport campers in the staff member's vehicle.

Buses are operated by R.C. Herrmann Bus Co Inc. Vehicles are annually inspected and comply with all applicable regulations of the Massachusetts Registry of Motor Vehicles. Please see attached Certificate of Liability and operator's licenses.

Only the number of children or adults for whom there is seating space shall be transported in the vehicle. Standing while in transit, sitting on the floors or in the aisle is prohibited. All campers, staff and driver shall utilize seatbelts in accordance with Massachusetts laws. A staff member, in addition to the bus driver, will accompany campers at all times. If a problem (such as sickness or injury) should arise during transport, the staff member will determine the nature of the problem, alert the driver and communicate any necessary information. Any sharp, heavy or potentially dangerous objects shall not be transported unless securely restrained.

The driver of the vehicle will be at least 18 years of age and have a valid driver's license recognized by the Commonwealth of Massachusetts. The driver will have at least two years of driving experience as a licensed driver. The staff member riding on the bus with the campers will be First Aid certified.