



# Massachusetts Junior Conservation Camp, Inc.

37 Pierce Street, Northboro, MA 01532

Phone: (508) 393-5333

Fax: (508)393-5222

## Camper Health Record

(to be filled in by parent or guardian)

Camper Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone \_\_\_\_\_

Religious Preference \_\_\_\_\_

Camper Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

### PLEASE INDICATE WHETHER THE CAMPER HAS EVER HAD:

	Yes	No		Yes	No
Chicken Pox	___	___	Asthma	___	___
German Measles	___	___	Hay Fever	___	___
Measles	___	___	Rheumatic Fever	___	___
Mumps	___	___	Operations	___	___
Scarlet Fever	___	___	Indigestion	___	___
Sleepwalking	___	___	Bed Wetting	___	___
Fainting	___	___	Cramps	___	___
Seizures	___	___	Depression	___	___

CAUTIONS Please list any concerns, medical or otherwise, that our staff should be aware of \_\_\_\_\_

### PLEASE CHECK IF CAMPER NEEDS SPECIAL WATCHING FOR:

	Yes	No		Yes	No
Poison Ivy, Oak or Sumac	___	___	Ear Infection	___	___
Convulsions	___	___	Stomach Upsets	___	___
Colds	___	___	Headaches	___	___
Sore Throat	___	___	Sinus Infections	___	___
Bronchitis	___	___			

### INSURANCE INFORMATION

Medical Insurance \_\_\_\_\_ Certificate # \_\_\_\_\_

Subscriber \_\_\_\_\_ Relationship \_\_\_\_\_

Phone number of Insurance Company \_\_\_\_\_

My son or daughter (name) \_\_\_\_\_ has my permission to attend this camp and participate in the program and activities. I understand that participants will be supervised and if a serious illness or injury develops, medical and/or hospital care will be given, however, the staff is not responsible in case of accidental injury or illness. I further understand that in case of serious injury or illness, I will be notified, but if it is impossible to contact me, I give permission for emergency treatment or surgery as recommended by the attending physician.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_ Contact phone number \_\_\_\_\_