

Camper Name _____ Date of Birth _____

Healthcare recommendations by licensed healthcare provider for _____
Name of camper

This examination report page is to be completed and signed by the participant's primary care provider. It must be based on an exam completed during the school year prior to the beginning of camp.

Date of exam _____

Blood pressure _____ Weight _____ Height _____

In my opinion, the applicant is is not able to participate in an active camp program.

The camper is under the care of a physician for the following condition(s) _____

Active treatment at the time of this report includes _____

Recommendations and restrictions for camp program
Treatment to be continued at camp _____

Medications to be administered at camp (name, dosage, frequency) _____

Any medically-prescribed meal plan or dietary restrictions _____

Known allergies _____

(Note: Allergy desensitization treatments will only be permitted with a doctor's written order)

Description of any limitations or restrictions of camp activities _____

Additional information for the camp health care staff _____

• Please include a copy of immunization record with this form

Signature of licensed healthcare provider _____ Date _____
Printed Name _____ Phone _____
Address _____
Street address City State Zip Code

New England Music Camp - Permission to Treat

Campers Name: _____
Last First Middle

Home Address: _____
Street

City State Zip Code

Medical Permissions

Permission to provide necessary treatment or emergency care: I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests or treatment; to release any records necessary for insurance purposes; and to provide or arrange related transportation for me or my child. 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 the person named above. This completed form may be photocopied for trips outside of camp.

I also understand and agree to abide by the restrictions placed on my camp activities.

Parent/Guardian Authorization: The health history (provided in camper account) is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted.

Parent or Legal Guardian Name (Print): _____

Parent or Legal Guardian Signature: _____

Date: _____

Camper Name: _____

Session: _____

Pre-Camp Health Screening

Dear Camp families,

In an effort to minimize illness at camp we ask that you check on the health of your camper daily beginning 14 days prior to camp. The best camp sessions start with healthy campers and this begins at home. Please bring this completed form to camp on opening day.

Please indicate if your camper has any of the following symptoms prior to camp and record a temperature daily. If any temperature or symptoms are present, please have your camper evaluated by a licensed provider and contact camp for further guidance.

Symptoms (symp):

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle Pain
- Sore throat
- New loss of taste or smell
- Nausea
- Vomiting
- Diarrhea

Please initial

- 1. My child has not been around anyone with any of the listed symptoms or diagnosis of COVID19 in the 14 days before the start of camp. Initial _____**
- 2. No one in our household has been sick in the 14 days prior to camp. Initial _____**
- 3. My child has not traveled by air or traveled out of state in the 14 days prior to camp. Initial _____**
- 4. My child has adhered to our state’s guidelines regarding COVID19. Initial _____**

Start date of temperature/symptom screening:

Day:	14	13	12	11	10	9	8
Temp/symp							
Day:	7	6	5	4	3	2	1
Temp/symp							

Our signature indicates that we completed this health screening daily for 14 days prior to camp and to the best of our ability. We understand that arriving to camp healthy is vital to a healthy camp for all campers.

Parent Signature: _____ Date: _____

Camper Signature: _____ Date: _____