

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: \_\_\_\_\_

## New England Music Camp —COVID-19 Waiver

Check in will begin with the health screening and submission of negative covid-19 from within 72 hours arrival. No family members may go beyond the camp parking lot and canteen area at any time during opening day and no camper may go beyond said area until they've been cleared to come onto campus. Once cleared, campers will be able to check-in to their cabins with their counselors.

All campers MUST come with a negative covid test from within the 72 hours of arriving on campus. All campers are also asked to bring with them two at-home rapid tests that may be used during the camp session.

We ask that you read the following procedures carefully, and plan to adhere to them as stated. The health and safety of our entire camp family is the most important factor in developing and implementing these procedures, and we greatly appreciate your compliance with them.

In response to the current outbreak of Covid-19 throughout Maine, America, and the world, the following procedures will be in place:

- Full Covid-19 Safety Protocols have been provided and reviewed. These can be found on the camp website
- Any camper that has exhibited symptoms of fever, cough and/or shortness of breath, or has known exposure to the Covid-19 virus within 14 days prior to scheduled arrival at camp must delay their arrival. Please communicate directly with camp administration should you need to delay your arrival for any of the above reasons.
- All campers will be screened at the start of the check in process at NEMC. This screening will include: questions about fever, cough, shortness of breath, and possible exposure to the Covid-19 virus, as well as submission of negative test. Additionally, travel history and temperatures will be taken.
- Any camper with an elevated temperature or other symptoms will be subject to removal from camp until symptoms have abated and the camp nurses have documented the health of the camper or staff member. The NEMC health center staff and camp directors will collaborate with the staff member if quarantine or removal from camp is required.
- All campers agree to bring two at-home covid tests to be used if needed during the camp session.
- Should Covid-19 positive cases arise on campus, NEMC will not be held liable.

I have read and agree to the protocols above concerning New England Music Camp's policies for the COVID-19 virus.

\_\_\_\_\_  
Print Camper Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Signature Parent/Guardian