



University of Massachusetts Amherst
 University Health Services
 150 Infirmary Way
 Amherst, MA 01003-9288
 (413) 577-5000 / www.umass.edu/uhs

MEDICAL AND IMMUNIZATION HISTORY PROGRAMS AND CAMPS

Please return form to program: _____

Participant name (print): _____
Last First M.I.

SECTION 1 *(To be completed by parent or guardian.)*

Name: _____ Sex: _____ Birth date: _____
Month / Day / Year

Address: _____ City/State/Zip: _____

Program name: _____ Program dates: _____

Father: _____ Phone (day): _____ Phone (evening): _____

Mother: _____ Phone (day): _____ Phone (evening): _____

Guardian is: father mother other (name and address): _____
 (phone number): _____

Emergency contact (name, phone number, relationship to participant): _____

Family physician name and address: _____
 phone number: _____

Family dentist name and address: _____
 phone number: _____

Medical insurance company: _____ Policy number: _____

In case of medical emergency, I hereby give permission to University Health Services (UHS) staff to hospitalize, to secure proper treatment for, and to order injection or minor surgery for my child, as named above.

_____ Date

_____ Parent/guardian signature

SECTION 2 **PHYSICAL EXAMINATION:** *Must have been done by a medical provider within the preceding 12 months.*

MEDICAL HISTORY (please note significant disorders):

Allergies: _____ Heart: _____ Tuberculosis: _____

_____ Kidney: _____ Whooping Cough: _____

Diabetes: _____ Lung: _____ Varicella: _____

Neurological: _____ Disabilities: _____ Other: _____

Pertinent medical history:

Summary of significant treatment program, including names and doses of medications to be used while at program (medications MUST be in a container with the original label):

Participant name: _____ Date of birth: _____

SECTION 3 REQUIRED IMMUNIZATIONS

MEASLES, MUMPS AND RUBELLA (MMR) VACCINE

First dose must be after age 12 months; 2 doses required.

MMR #1 ___/___/___ MMR #2 ___/___/___

POLIO VACCINE

Dates: ___/___/___

A minimum of three doses of either inactivated polio vaccine (IPV) or oral polio vaccine (OPV) are required. If a mix of (IVP/OPV) was used, four doses are required.

___/___/___

___/___/___

Completed primary series of polio immunizations? YES NO

___/___/___

DIPHTHERIA AND TETANUS TOXOIDS AND PERTUSSIS VACCINE

Minimum of four doses of DTaP/DTP/DT or at least three doses of Td is required. A booster dose of Td is required for all campers and staff who will be entering grades seven through 10. For campers and staff who will be entering grades 11 and 12, a booster of Td is required if it has been more than 10 years since the last dose of DTaP/DTP/DT/Td. (Tdap is also acceptable.)

Completed primary series of DTaP/DTP/DT? YES NO

Dates: ___/___/___ ___/___/___ ___/___/___ ___/___/___ Date last Td ___/___/___

HEPATITIS B

Three doses of Hepatitis B vaccine are required if born on or after Jan. 1, 1992.

Dose # 1 ___/___/___ Dose #2 ___/___/___ Dose #3 ___/___/___

EXCEPTIONS

- **RELIGIOUS OBJECTION:** The individual must submit a written statement, signed by a parent/guardian if a minor, to the effect that the individual is in good health and stating the reason for such objections.
- **MEDICAL:** The individual must submit certification by a physician stating that the physical condition of the individual is such that his or her health would be endangered by such immunization.

Health care provider signature and/or stamp: _____

Printed name: _____

Address: _____

Phone: _____ Date: _____

Championship Swim Camp

131 Commonwealth Ave., Amherst, MA 01003

E-Mail: info@championshipswimcamp.com

Consent to Treat Minor Patient

This form must be completed, signed and returned to the Championship Swim Camp by email or mail.

Massachusetts law requires the consent of a parent/guardian for medical care of persons under 18 years of age. If your dependent is a student at the University of Massachusetts Amherst, or attending a program at the University of Massachusetts Amherst, the information below must be completed before treatment can be provided.

I _____ (please print) am the parent/guardian of _____ who is currently a minor, date of birth _____. I authorize University Health Services, University of Massachusetts Amherst, to provide medical and/or mental health care to my dependent, including but not limited to, diagnostic examinations, medical treatment and mental health counseling. I understand that if an injury/illness is determined to be life-threatening, an ambulance will be called to take my dependent to a hospital and that the provider will make every effort to contact me. I further understand that once my dependent reaches the age of maturity, my consent for treatment is no longer required. By my signature, I acknowledge that I have read and understand this consent, and that any questions I have prior to signing this can be answered by calling University Health Services, 413-577-5000.

Signature: _____ Date: _____

Parent/Guardian Emergency Contacts and Health Providers Information

Name of Parent/Guardian: _____

Phone (day): _____

Phone (evening): _____

Name of Emergency Contact: _____

Phone (day): _____

Phone (evening): _____

Family Physician or HMO (name, address, phone): _____

Family Dentist (name, address, phone): _____

Medical Insurance Company Name: Policy #: _____

Championship Swim Camp

131 Commonwealth Ave., Amherst, MA 01003

E-Mail: info@championshipswimcamp.com

Liability Release

This form must be completed, signed and returned to the Championship Swim Camp.

This is a legally binding release made by me, _____ to the University of Massachusetts Amherst.

I fully recognize that there are dangers and risks to which my child may be exposed by participating in The Championship Swim Camp 2016 Camp or Day Clinic. The following is a description and examples of specific, significant, non-obvious dangers and risks associated with participating in week-long academic residential programs located at the University; physical injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability. I understand that the University does not require me to participate in this activity, but I want to do so, despite the possible dangers and risks and despite this release.

I therefore agree, in consideration of and return for the services, facilities, and other assistance provided to me by the University in this activity, to release the University (and its Board of Trustees, officers, employees, and agents) from any and liability, claims and actions that may arise from injury or harm to me, from my death or from damage to my property in connection with my participation in this activity. I understand that this release covers liability, claims and actions caused entirely or in part by any acts or failures to act of the University (or its Trustees, employees, or agents), including but not limited to negligence, mistake, or failure to supervise by the University.

I recognize that this release means I am giving up, among other things, rights to sue the University, its Trustees, employees, and agents for injuries, damages, or losses I may incur. I also understand that this release binds my heirs, executors, administrators, and assigns, as well as myself.

I have read this entire release; I fully understand it and I agree to be legally bound by it.

This is a release of your rights. Read carefully before signing.

Name of child: _____ Date of birth: _____

Parent or Guardian Signature : _____ Date: _____

Championship Swim Camp

131 Commonwealth Ave., Amherst, MA 01003
E-Mail: info@championshipswimcamp.com

Parent/Guardian Early Release Authorization List and Consent

This form must be completed, signed and returned to the Championship Swim Camp.

I, the undersigned parent/guardian of _____, authorize the following people be allowed to pick up my child and any changes to this list must be made by me in person. Persons picking up the camper listed above will be required to show a valid, government issued ID.

1. Name _____

Relationship to Camper listed above _____

2. Name _____

Relationship to Camper listed above _____

3. Name _____

Relationship to Camper listed above _____

Name of parent or legal guardian _____

Signature of parent or legal guardian _____

Phone numbers of parent or legal guardian:

Work _____

Mobile _____

Home _____

Upon your signature, the above releases and discharges the University of Massachusetts, its trustees, officers, employees and agents from any and all claims, demands and lawsuits for any injury or harm received while in custody of above named guardian of the minor participant.

I, the undersigned parent/guardian, release (name) XXX from custody of the Championship Swimming Camp at UMass on _____ at _____.

He/she will return to camp by _____ at _____. The person(s) taking my child is/are listed on the Parental Release Authorization Form above.

Name of parent or legal guardian _____

Signature of parent or legal guardian _____