



Please return this form to:  
 Championship Swim Camp  
 131 University Dr., Amherst, MA 01003

## MEDICAL AND IMMUNIZATION HISTORY PROGRAMS AND CAMPS

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@championshpswimcamp.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 2018 Camp or Day Clinic. The following is a description and examples of specific, significant, non-obvious dangers and risks associated with participating in weekh 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 \_\_\_\_\_