

**Boys & Girls Club of Woburn
Camp Application**

2010 Application

The Positive Place for Summer Camp

Please PRINT all information and answer all questions. All information is considered confidential.
Please return applications to the Boys & Girls Club of Woburn.

Child's Name _____ Ethnicity _____ Age _____ Sex M/F

Address _____ Date of Birth _____

City _____ State _____ Zip _____ School _____

Phone _____ Entering Grade _____ in September

E-Mail _____ Friend Request _____

Parent Information:

Parent/Guardian Name _____

Parent/Guardian Name _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Home Phone _____ Cell _____

Business Name & Address _____

Business Name & Address _____

Work Phone _____

Work Phone _____

Enrollment Agreement

- The registration fee (\$25) and \$30 deposit per week are enclosed. (Registration will not be processed without the registration fee or deposit).
- I agree to pay the balance of camp fees prior to each week's attendance at camp.
- I understand my child will not be able to attend unless a completed physician's form is received by Boys & Girls Club of Woburn Summer Camp by June 11th.
- I understand it is my responsibility to bring any special conditions or concerns about my child to the director's attention.
- I give permission to the Boys & Girls Club of Woburn to have, use, publish and reproduce photographs, slides, or videotapes of my child for its records, public relations or advertising programs.
- I grant permission for my child to participate in all Boys & Girls Club of Woburn organized activities including off campus field trips.
- I have read the Boys & Girls Club of Woburn price schedule. I understand and accept the program's policy concerning membership, registration fees, tuition and terms of enrollment.
- I understand that once an application is accepted by the Boys & Girls Club of Woburn, no funds or transfer of funds will be made for withdrawal, dismissal, failure to attend or incomplete attendance.
- I certify that the above named child on this registration is physically and mentally prepared to participate in all activities
- I understand the director reserves the right to dismiss a camper when in his/her judgment the camper's behavior interferes with the rights of others, the smooth functioning of the group or activity, or violates the camp's principles of conduct.

Parent Signature: _____ **Date:** _____

**The Positive Place for Summer Camp
Boys & Girls Club of Woburn, Charles Gardner Lane, Woburn, MA 01801
781-935-3777**

Health History & Emergency Information Form

Child's Name _____

Age _____ Sex M/F _____ Birthdate _____

Parent/Guardian Name _____ Parent/Guardian Name _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Home Phone _____ Work Phone _____

Business Name & Address _____ Business Name & Address _____

Cell Phone/Beeper _____ Cell Phone/Beeper _____

Local Emergency Contact (Other than parent in order to be called)

1. Name _____ Relationship _____

Home Phone _____ Business Phone _____

Address _____

2. Name _____ Relationship _____

Home Phone _____ Business Phone _____

Address _____

Medications:

Medications to be administered at Boys & Girls Club of Woburn* _____

Medications given at home _____

*Medications should be brought to the Boys & Girls Club of Woburn in the original labeled pharmacy container. Parents must sign medication consent forms prior to any medication being administered.

Has your child had any serious injuries/operations/chronic illness or disabilities (list dates) _____

Child Health Data

Significant Health Concerns: _____

Drug Allergies: _____

Food Allergies: _____

Bee Sting Allergies: _____

Other Allergies: _____

Epinephrine pen is prescribed? _____

Health History Information

Check and date all that apply:

Asthma	Ear Infections
Diabetes	Infectious Diseases
Bleeding/Clotting Disorders	Bowel/Bladder Disorders
Heart Disorders	Fears/Phobias
Hypertension	ADHD
Convulsions	Emotional/Behavioral Disorders
Other	

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Health History & Emergency Information Form (continued)

Child's Physician _____ Phone _____
Child's Dentist _____ Phone _____
Medical Insurance Company: _____ Policy or Group# _____
Childs Limitations in any activities? _____
Any other special considerations? _____

Female Campers

Has this child menstruated? Yes _____ No _____ If not has she been told about it? Yes _____
No _____.

Any special considerations? _____

Important – Must Be Completed

This health history form is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted. Emergency Authorization: I authorize the Boys & Girls Club of Woburn staff who are trained in basic first aid to give my child first aid when appropriate. I hereby give permission to the medical personnel selected by the Boys & Girls Club of Woburn to order x-rays, routine tests and treatment for my child and in the event that I and my emergency contact or physician can not be reached in an emergency, I hereby give my permission to the physician selected by the Boys & Girls Club of Woburn to hospitalize, secure proper treatment for, order injection and/or anesthesia and/or surgery for my child as named above. I also give permission to the Boys & Girls Club of Woburn in event of an emergency to authorize transportation for my child. I understand that I will assume all responsibility for any accidents incurred thereby releasing the Boys & Girls Club of Woburn, its' staff and its' directors of all liability.

Signature of Parent/Guardian _____ Date _____

Signature of minor _____

This form must be completed and returned before June 11th. After this date, please do not mail. All health forms must be on file at the camp. Your child will not be able to attend without a medical form on file.

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Medical Examination and Immunization History
Physician's Form – Due By June 11th

Child's Name _____ Age _____ Sex M/F

Height _____ Weight _____ Date of Birth _____

Health Examination by a Licensed Physician

Code: V=Satisfactory X=Not Satisfactory (explain) 0=Not Examined

Eyes	Hct. Or Hgb. Test	Skin
Glasses	Lungs	Urinalysis
Ears	Abdomen	Allergy: (Please Specify)
Nose	Hernia	
Heart	Extremities	General Appraisal:
Genitalia	Posture	

Current medical problems, recent injuries, operations or chronic conditions: _____

Regular and/or periodic medications and reasons for taking them: _____

Special Diet: Does this individual have any medically prescribed meal plan or dietary restrictions? _____

Allergies (food, drug, environment, bee stings, etc.): _____

Is an Epinephrine pen prescribed? Yes _____ No _____

Medication or treatment to be administered during the camp day: _____

Camp participation: This individual may participate in all camp activities unless otherwise indicated. Limiting conditions: _____

Additional Health Information: _____

Please record the date (month and year) of all basic immunizations and all booster doses:

Vaccines	Year of Basic Immunization	Year of Last Booster	Vaccines	Year of Basic Immunization	Year of last Booster
DPT/DtaP	1.		Polio	1.	
	2.		OPV/IPV	2.	
	3.			3.	
	4.			4.	
	5.		MMR		
Or TD			Measles		
Or Tetanus			Mumps		
HIB			Rubella		
Hepatitis B	1.		Varicella		
	2.				
	3.				

Tuberculin Test: Type: _____ Date: _____ Result: _____

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Medical Examination and Immunization History (continued)

I have examined the above applicant (Licensed Physician's Name) _____

Date Examined _____/_____/_____

It is my opinion that the above applicant's condition _____ does / _____ does not preclude his/her participation in an active summer camp program.

Licensed Physician's Signature _____ Phone _____

Address _____ City _____ State _____ Zip _____

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Authorization to Administer Medication to a Camper
(To be completed by parent/guardian)

Name of Camper: _____ Age _____
Food/Drug Allergies: _____ Diagnosis (at parents' discretion) _____

Parent/Guardian Name: _____ Home Phone: _____
Business Phone: _____ Emergency Phone: _____
Name of Licensed Prescriber: _____ Business Phone _____
Emergency Phone: _____

Name of Medication: _____ Dose given at camp: _____
Route of administration: _____ Frequency: _____ Date ordered: _____
Duration of order: _____ Quantity received: _____
Expiration date of medications received: _____ Special storage requirements: _____

Specific directions (e.g., on empty stomach/with water): _____
Specific precautions: _____
Possible side effects/adverse reactions: _____
Other medications (at parents' discretion): _____
Location where medication administration will occur: _____

I hereby authorized the Boys & Girls Club of Woburn to administer to my child _____, the medication(s) listed above, in accordance with 105 CMR 430, 160.

105 CMR 430.160(A)

Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use.

105 CMR 430.160(C)

Medication shall only be administered by the health supervisor* or by a licensed health care professional authorized to administer prescription medications. The health care consultant shall acknowledge in writing the list of medications administered at the camp. If the health supervisor is not a licensed health care professional authorized to administer prescription medication, the administration of medications shall be under the professional oversight of the health care consultant. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is written permission from the parent/guardian.

105 CMR 430.160(D)

When no longer needed, medications shall be returned to a parent of guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

*Health Supervisor – A person who is at least 18 years of age, specifically trained and certified in at least current American Red Cross First Aid (or its equivalent) and CPR, has been trained in the administration of medications and is under the professional oversight of a licensed health care professional authorized to administer prescription medications.

Parent/Guardian Signature: _____ Date: _____

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Sessions & Price Schedule

Please check off sessions you are applying for.

Registration Fee		\$ <u>25.00</u>
<input type="checkbox"/> Session 1	June 28 - July 2	\$ _____
<input type="checkbox"/> Session 2	July 6-9	\$ _____
<input type="checkbox"/> Session 3	Closed July 5 July 12-16	4 day payment \$ _____
<input type="checkbox"/> Session 4	July 19-23	\$ _____
<input type="checkbox"/> Session 5	July 26-30	\$ _____
<input type="checkbox"/> Session 6	August 2-6	\$ _____
<input type="checkbox"/> Session 7	August 9-13	\$ _____
<input type="radio"/> Session 8	August 16-20	\$ _____
<input type="radio"/> Session 9	August 23-27	\$ _____
9:00 - 5:30		
Discovery	\$195	
Explorers	\$175	
Venture	\$175	
Quest	\$110	
CIT	\$110	

The Registration fee (\$25) and \$30 deposit per week are due at the time of registration. Registration will not be processed without registration fee or weekly deposit.

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Transportation

Child's Name _____

My child will arrive at the Boys & Girls Club
by:

- _____ Parent/Guardian drop-off
- _____ School bus drop-off
- _____ Public Transportation
- _____ Other: (explain)

My child will depart from the Boys & Girls
Club by:

- _____ Parent/Guardian pick up
- _____ School bus drop-off
- _____ Public Transportation
- _____ Other: (explain)

If your child is walking to or from the Boys & Girls Club, you must sign this permission slip. I give permission for my child to walk to and/or from the Boys & Girls of Woburn. I understand that the Boys & Girls Club of Woburn and its staff are not responsible once my child leaves the program.

Parent/Guardian Signature

Date

I give my permission for my child to be released from the Boys & Girls Club of Woburn at the end of the day as stated. I also give my permission to the following people to receive my child at the end of the day. *We strongly recommend that you have alternative sources to pick-up your child in the event that you are running late or unable to pick-up your child. We encourage parents in the program to have another family in the program to be a resource for each other.

1. Name _____ Relationship to child: _____
Address _____ Phone _____
2. Name _____ Relationship to child: _____
Address _____ Phone _____
3. Name _____ Relationship to child: _____
Address _____ Phone _____

If someone on this list is going to be picking up your child, please call or write a note for the Boys & Girls Club of Woburn staff.

Parent/Guardian Signature

Date

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Meeting the Needs of Mildly Ill Children

Any child who appears mildly ill and shows no sign of an emergency is taken aside, encouraged to rest and observed for symptoms. Parents or emergency contacts are notified of symptoms. Based on symptoms, a decision is made if the camp will care for the child.

Illness Policy

Parents will be contacted to pick up their children if any of the following conditions exist. Children must be picked up as soon as possible.

1. Fever (temperature of 100 degrees or above)
2. Abdominal pain, breathing difficulty, or other pain which is persistent, lasting 30 minutes.
3. Indications of a contagious disease.
4. Other symptoms (i.e. vomiting, diarrhea, rash) which the staff feels warrants such action.

Children may return to the program under the following conditions:

1. The child is well enough to attend the program.
2. Results from a throat culture are known.
3. Antibiotic treatment has been given for 24 hours.
4. Lesions from chicken pox have dried and crusted.
5. Child is able to participate in regular program activity.

Parents will be notified in case of any communicable disease such as Measles, Mumps, or Chicken Pox.

Copies of the complete Health Care Policy are available upon request.

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Emergencies

Emergency Information must be kept up to date. Staff must be able to contact parents in case of an emergency. If changes occur in your information (change in job, telephone, address or contact people), please notify the Camp Coordinator in writing as soon as possible.

In the event of a medical emergency, the following list of events shall take place:

1. Woburn Police, Fire and Ambulance call 911.
2. Call child's parents.
3. Pediatrician called if parent cannot be reached.
4. If parents are not reached, contact emergency contact(s) and keep trying to reach parents.
5. Contact Program Administrator (781-424-1202)
6. Child will be transported by ambulance to medical facility. The child's emergency file will travel with him/her to the medical facility.
7. When possible, a staff person will go with the child to the medical facility.

Depending on the urgency of the situation, parents may be contacted prior to initiation of EMS (911).

Staff must complete an injury report on all injuries. If emergency treatment is necessary, the injury report must be given to the Program Administrator that same day. The Program Administrator must contact MDPH about any emergency treatment and fax a copy of the injury report to MDPH.

Field Trips

Session 1	Chunky's Cinema, Haverhill
Session 2	Canobie Lake Park, Salem, NH
Session 3	Water Country, Portsmouth, New Hampshire
Session 4	Franklin Park Zoo, Jamaica Plain
Session 5	Jump On In/Museum of Fine Arts
Session 6	Children's Museum/Museum of Science
Session 7	Roller World, Saugus
Session 8	Coco Key Water Resort, Danvers
Session 9	Hampton Beach State Park

****Field trips are subject to change. ****

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I hereby give my permission for my son/daughter, \_\_\_\_\_,  
to participate in the field trips as listed above. I give my permission for my child  
to receive medical treatment in case of a medical emergency. I understand that I  
will assume full responsibility for any accidents incurred thereby releasing the  
Boys & Girls Club of Woburn, its' staff and its' directors of all liability.

Parent/Guardian signature \_\_\_\_\_

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**Extended Day Form**

Please check off the weeks that you are applying for. Extended Day Care is on a first come, first serve basis.

**Morning Care (7:30 - 9:00 am)**

- |                  |                         |       |
|------------------|-------------------------|-------|
| <b>Session 1</b> | <b>June 28 - July 2</b> | _____ |
| <b>Session 2</b> | <b>July 6 - 9</b>       | _____ |
|                  | <b>(Closed July 5)</b>  |       |
| <b>Session 3</b> | <b>July 12 - 16</b>     | _____ |
| <b>Session 4</b> | <b>July 19 - 23</b>     | _____ |
| <b>Session 5</b> | <b>July 26 - 30</b>     | _____ |
| <b>Session 6</b> | <b>August 2- 6</b>      | _____ |
| <b>Session 7</b> | <b>Aug 9 - 13</b>       | _____ |
| <b>Session 8</b> | <b>Aug 16 - 20</b>      | _____ |
| <b>Session 9</b> | <b>Aug 23 - 27</b>      | _____ |

**Extended Day Fees**

**Morning Care (7:30 - 9:00 am)     \$25 per week**

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