



**Summer Program 2018
Medical Information and Release**

(Campers need to be 7 or turning 7 years of age this summer 2018 in order to participate.)

(www.jumpstartyouth.net)

Parent / Guardian	Child's Name (Last, First, MI)
Address	Nick Name
	Address (If Different)
Day Phone	Eve Phone
Non-Custodial Parent if applicable	Sex Weight DOB Age
Address	Name of School
Phone	Grade
Health Care Carrier	Child's Pediatrician
Policy Number	Address
Person to call in case of Emergency	Relationship Telephone Number

Medical Information

Does your child have any dietary restriction? No _____ Yes (Explain) _____	Does Your child have any allergies? No_____ Yes_____
	To Medications? _____
	To Foods? _____
Does your child require any assistive devices? NO_____	Has your child ever required medication for an allergy emergency
Yes(Explain) _____	NO_____ YES_____ EPI-PEN _____
	When _____ Benedryl _____

Medications (For Emergency Informational purposes) **No meds will be distributed at the Summer Program.**

Medication	Dose	Frequency per day	Time of Day	Only as necessary

(Please attach a copy of your insurance card to this form!)

Medical History:

Include any chronic conditions for which your child will be receiving medications or treatment during this program. Please use this space to note any additional information or suggestions regarding your child which may be helpful. All information is Strictly Confidential.

IMMUNIZATION RECORDS

Please attach a photocopy of your child's immunization records to this form. The Massachusetts Dept. of Health requires a complete record of all immunizations received prior to attending Camp. We require dates of the following Immunizations: Tetanus, DPT, Polio, Measles, Mumps, Haemophilus Influenza type A and type B, Hepatitis B, Rubella and a vaccine or the date of the following Diseases: Chicken Pox and German Measles.

Emergency Treatment Information:

This health history is correct and my child has permission to engage in all activities except those which are noted. I hereby give permission to the physician selected to secure proper treatment for my child. In the event I or an emergency guardian cannot be reached I give permission to Health Care Staff to administer proper health care for my child which includes emergency treatment.

Signature of Parent / Guardian

Date

Medical Form 2018 CHECKLIST

<input type="checkbox"/>	Page 1 Camper/Family Info and Emergency Contacts (To Be Filled Out By Parent / Guardian)
<input type="checkbox"/>	Page 2 Medical Conditions, Physician and Insurance Information (To Be Filled Out By Parent / Guardian)
<input type="checkbox"/>	Page 2 Signed Declaration (To Be Filled Out and Signed By Parent / Guardian)
<input type="checkbox"/>	Copy of Insurance Card(Attached)
<input type="checkbox"/>	Copy of Immunization Record(Attached)

Mail To: **JumpStart Youth Connection Inc.**
Attention: Summer Program 2018
182 Whitehall Road Amesbury, MA 01913