



Summer Program 2026
Medical Information and Release
(Campers need to be 7 or turning 7 years of age this summer 2026 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

DOB

Age

Address

Name of Current School

Phone

Grade (Fall 2026)

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 _____ Does Your child have any allergies? No _____ Yes _____

Yes (Explain) _____ 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 Information 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: COVID-19, 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.

Allergies

If your child has a prescription for an Epi pen, please attach the allergy action plan.

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 2026 CHECKLIST

	Page 1 Camper/Family Info and Emergency Contacts (To Be Filled Out By Parent / Guardian)
	Page 2 Medical Conditions, Physician and Insurance Information (To Be Filled Out By Parent / Guardian)
	Page 2 Signed Declaration (To Be Filled Out and Signed By Parent / Guardian)
	Copy of Insurance Card (Attached)
	Copy of Immunization Record (Attached)
	Copy of Allergy Action Plan signed by Doctor for food/medicine requiring an Epi pen prescription

**Mail To: JumpStart Youth Connection Inc.
Attention: Summer Program 2026
182 Whitehall Road Amesbury, MA 01913**