

# Thierry LINCOU Squash Camp

## Health Form

(Please send all completed forms to [titilinc@yahoo.com](mailto:titilinc@yahoo.com))

Camper Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parents' names & phone number during camp day: \_\_\_\_\_

Other emergency contact/phone: \_\_\_\_\_

Insurance Provider and Policy Number: \_\_\_\_\_

**YOU MAY SUBMIT HEALTH CARE PROVIDER FORM (IMMUNIZATION LIST + LAST PHYSICAL) INSTEAD OF COMPLETING SECTIONS A, B, C, D. IF YOU CHOOSE TO DO THIS, A PARENT OR GUARDIAN MUST STILL SIGN AT THE BOTTOM OF THIS PAGE.**

### A. Immunizations:

1. See page 5 for immunization requirements as set by the Massachusetts Dept. of Public Health
2. You must supply completed dates for all required immunizations.
3. Religious exception or medical exemption from these immunizations must be documented by parent or health care professional.

### B. Medication:

1. List medication camper will be taking during the camp day below. If none, please note 'none'.
2. If medication is required during camp, the MIT Medication Form (page 4) must be completed and signed by health care provider.

### C. Allergies (food, drugs, insect stings).

1. List camper allergies below. If none, please note 'none'.
2. **Note: MIT Medication Form (page 4) must be completed for epi-pens, inhalers, etc.**

**D. Date of last complete physical** (must be within 18 months): \_\_\_\_\_

This individual may fully participate in this recreational day camp.

Signature of Health Care Professional \_\_\_\_\_

Phone number of Health Care Professional \_\_\_\_\_

1. You may supply us with a signed physical form and immunizations list, or use this form with signature of health professional.
2. In case of emergency if parent/guardian cannot be reached, I hereby grant permission to MIT Medical Department or the local Emergency Department to provide urgent medical treatment for my child, including sutures and x-rays, if necessary.

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
Date



# MEDICATION ORDERS FOR MIT CAMP

## TO BE COMPLETED BY PHYSICIAN ONLY IF CAMPER WILL BE TAKING MEDICATION WHILE AT CAMP

Medications cannot be administered at camp unless a medication order form is on file in our office. Prescription medication must be in original container, with directions printed. Medications, including over-the-counter medicines purchased by parents must also have a medication administration order form on file in our office.

Name of camper: \_\_\_\_\_ Session dates: \_\_\_\_\_

### 1. Emergency Medications

Inhaled Medications: \_\_\_\_\_ give 1-2 puffs: (time of day during camp hrs.) \_\_\_\_\_

My child can carry and self-administer this medication – if yes, check box at left

Injectable Medications \_\_\_\_\_

Other Medications \_\_\_\_\_

My child has severe allergy(ies) to: \_\_\_\_\_

**Anaphylaxis Protocol** (for severe reaction – short of breath, tongue/throat swelling, dizziness, vomiting)

EpiPen \_\_\_\_\_ mg. Inject into outer thigh and hold for count of 6.

Benadryl \_\_\_\_\_ tsp. given by mouth.

Please have the counselor carry my child's EpiPen.

My child's EpiPen will be in the zipper pocket of the backpack.

### 2. Other Medications

These medications should be administered during the day at camp.

This includes any medications or prescriptions, including over-the-counter meds, such as Tylenol or Sudafed.

Medication must be labeled with camper name, with directions clearly stated.

Inhaled Medications: \_\_\_\_\_ give 1-2 puffs: (time of day during camp hrs.) \_\_\_\_\_

My child can carry and self-administer this medication – if yes, check box at left

Oral Medications \_\_\_\_\_ times/day

Nasal Medications \_\_\_\_\_ times/day

Other Medications \_\_\_\_\_ times/day

**This child's health care professional has reviewed this action plan with parent/guardian.**

Signature of physician/nurse practitioner:

\_\_\_\_\_

Signature of parent/guardian:

\_\_\_\_\_

## Grades Kindergarten – 6

In ungraded classrooms, Kindergarten requirements apply to all students  $\geq 5$  years.

DTaP	<b>5 doses;</b> 4 doses are acceptable if the 4 <sup>th</sup> dose is given on or after the 4 <sup>th</sup> birthday. DT is only acceptable with a letter stating a medical contraindication to DTaP.
Polio	<b>4 doses;</b> 4 <sup>th</sup> dose must be given on or after the 4 <sup>th</sup> birthday and $\geq 6$ months after the previous dose, or a 5 <sup>th</sup> dose is required. 3 doses are acceptable if the 3 <sup>rd</sup> dose is given on or after the 4 <sup>th</sup> birthday and $\geq 6$ months after the previous dose.
Hepatitis B	<b>3 doses;</b> laboratory evidence of immunity acceptable
MMR	<b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and the 2 <sup>nd</sup> dose must be given $\geq 28$ days after dose 1; laboratory evidence of immunity acceptable
Varicella	<b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and 2 <sup>nd</sup> dose must be given $\geq 28$ days after dose 1; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

## Grades 7 – 12

In ungraded classrooms, Grade 7 requirements apply to all students  $\geq 12$  years.

Tdap	<b>1 dose;</b> and history of DTaP primary series or age appropriate catch-up vaccination. Tdap given at $\geq 7$ years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule. Td or Tdap should be given if it has been $\geq 10$ years since Tdap.
Polio	<b>4 doses;</b> 4 <sup>th</sup> dose must be given on or after the 4 <sup>th</sup> birthday and $\geq 6$ months after the previous dose, or a 5 <sup>th</sup> dose is required. 3 doses are acceptable if the 3 <sup>rd</sup> dose is given on or after the 4 <sup>th</sup> birthday and $\geq 6$ months after the previous dose.
Hepatitis B	<b>3 doses;</b> laboratory evidence of immunity acceptable. 2 doses of Heplisav-B given on or after 18 years of age are acceptable.
MMR	<b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and the 2 <sup>nd</sup> dose must be given $\geq 28$ days after first dose; laboratory evidence of immunity acceptable
Varicella	<b>2 doses;</b> first dose must be given on or after the 1 <sup>st</sup> birthday and 2 <sup>nd</sup> dose must be given $\geq 28$ days after first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable
MenACWY (formerly MCV4)	<b>Grades 7: 1 dose;</b> MenACWY required. <b>Grades 11: 2 doses;</b> 2 <sup>nd</sup> dose MenACWY must be given on or after the 16th birthday and $\geq 8$ weeks after the previous dose. 1 dose is acceptable if it was given on or after the 16th birthday. Meningococcal B vaccine is not required and does not meet this requirement.

# Thierry LINCOU Squash Camp

## MIT Department of Athletics, Physical Education & Recreation Liability Release, Waiver, Discharge and Covenant Not to Sue

This is a legally binding Liability Release, Waiver, Discharge and Covenant Not to Sue (collectively, "Release"), made voluntarily by me, the undersigned Releasor, on my own behalf, and on behalf of my heirs, executors, administrators, legal representatives and assigns (hereinafter collectively, "Releasor," "I" or "me", which terms shall also include Releasor's parents or guardian, if Releasor is under 18 years of age) to the Massachusetts Institute of Technology ("MIT") and Health Fitness Corporation (HFC).

As the undersigned Releasor, I fully recognize that there are dangers and risks to which I may be exposed as a result of participation in activities as a member of the MIT Fitness Facilities ("Membership"). As the undersigned Releasor, I understand that MIT does not require me to participate in this Membership, but I want to do so despite the possible dangers and risks and despite this Release. With informed consent, and for valuable consideration received, including assistance provided by MIT and HFC, as the undersigned Releasor, I agree to assume and take on myself all of the risks and responsibilities in any way arising from, or associated with, this Membership, and I release MIT and all of their respective affiliates, departments, employees, agents, and contractors (collectively "Releasees"), from any and all claims, demands, suits, judgments, damages, actions and liabilities, of every name and nature whatsoever, whenever occurring, whether known or unknown, contingent or fixed, at law or in equity, that I may suffer at any time arising from or in connection with the activities from this Membership, including any injury or harm to me, my death, or damage to my property (collectively "Liabilities"), and I agree to defend, indemnify, and save Releasees harmless from and against any and all liabilities.

As the undersigned Releasor, I recognize that this Release means I am giving up, among other things, all rights to sue Releasees for injuries, damages or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, legal representatives and assigns, as well as myself. I also affirm that I have adequate medical or health insurance to cover any medical assistance I may require. I agree that this Release shall be governed for all purposes by Massachusetts law, without regard to such law on choice of law.

I have read this entire Release. I fully understand the entire Release and acknowledge that I have had the opportunity to review this Release with an attorney of my choosing if I so desire, and I agree to be legally bound by the Release.

### **THIS IS A RELEASE OF YOUR RIGHTS, READ CAREFULLY AND UNDERSTAND BEFORE SIGNING.**

\_\_\_\_\_  
(Releasor's Signature)

\_\_\_\_\_  
(Parent's Signature, if Signatory is under 18 years of age)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Staff Signature)