



*This form must be completed and returned prior to the start of Vacation Week.*



## Westboro Tennis & Swim Club by BSC Vacation Days

# Camper Emergency/Medical Information

### CHILD INFORMATION

Child's Name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION (if parents cannot be reached)

Contact 1: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Contact 2: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

**Parent 1:** \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Parent 2:** \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Child Lives with** \_\_\_\_\_

### I authorize Westboro Tennis & Swim Club by BSC to release my camper to the following persons only:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

For the protection of my/our camper, I/we understand that Westboro Tennis & Swim Club by BSC will not release my/our camper to any individual (other than the parents/guardians) not specified above. If I/we wish to add or delete any of the names above, I/we will notify WTSC by BSC in writing.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OVER**

Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Name \_\_\_\_\_ Policy Holder \_\_\_\_\_

Policy # \_\_\_\_\_

Hospital Name \_\_\_\_\_ Phone \_\_\_\_\_

1. Is your child taking any medication for an on-going condition? \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Condition \_\_\_\_\_ Do they take this at camp? \_\_\_\_\_ (if yes, please fill out a medication administration authorization form.)

2. Do you know of any reason that your child would not be able to participate in any camp activities? (If yes, please explain) \_\_\_\_\_

\_\_\_\_\_

3. Please indicate if your child has any of the following:

\_\_\_\_\_ Allergy (Indicate type) \_\_\_\_\_ EPI PEN? **YES NO**

\_\_\_\_\_ Bee Sting Allergy EPI PEN? **YES NO**

\_\_\_\_\_ Orthopedic Problems \_\_\_\_\_ Emotional/Adjustment Difficulties

\_\_\_\_\_ Other \_\_\_\_\_

4. Is there anything happening in your child's life that would affect him/her at camp? (ie. Marriage, divorce, new baby, move, death, etc...)?

\_\_\_\_\_

**IMPORTANT:** In the event that I am unable to be reached. I authorize the physician/staff at the nearest hospital to treat my child. I authorize the staff of the Westboro Tennis & Swim Club by BSC to provide first aid and to make whatever transportation arrangements necessary.

Should your child become a discipline problem that is disruptive to the camp experience for him/her or others the Camp Staff reserves the right to terminate your child's camp experience with no refund. One warning shall be given to both the parents and camper before expulsion.

I have read the Parent/Camper handbook, understand it and have reviewed it with my camper. We agree to abide by the rules for campers and other procedures in the handbook.

I give permission for my child to accompany camp staff to all designated Westboro Tennis & Swim Club by BSC facilities including Kids Club and game fields located next to the main clubhouse.

**Parent/Guardian**  
**Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please return this form to: Amy Rojas, Children's Program Manager & Camp Director, Westboro Tennis & Swim Club by BSC 35 Chauncy Street, Westboro, MA 01581 fax: 508-870-0932 email: [amy.rojas@tsiclubs.com](mailto:amy.rojas@tsiclubs.com) phone: 508-366-1222