



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

**Westboro Tennis & Swim Club by BSC Summer Camp 2019**



# Camper Emergency/Medical Information

## CHILD INFORMATION

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

Child's age as of June 17, 2019: \_\_\_\_\_

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

Gender: \_\_\_\_\_ Entering grade: \_\_\_\_\_ as of Fall 2019

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

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

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

**Camp Sessions Attending: 1 2 3 4 5 6 7 8 9 post**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## PARENT/GUARDIAN INFORMATION

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

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

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

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

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

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

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

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

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

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

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

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 Summer Camp in writing.

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

**OVER**

**YOU MUST SUBMIT A COPY OF YOUR CHILD'S ANNUAL PHYSICAL FORM WITH THIS FORM.**

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...)?

5. I give WTSC by BSC staff permission to apply the following: (Please send these items labeled with the child's name in their backpack.)

\_\_\_\_\_ Sunscreen \_\_\_\_\_ Bug Repellant

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**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 designate 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, Camp Director, Westboro Tennis & Swim Club by BSC 35 Chauncy Street, Westboro, MA 01581

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