



Massachusetts Junior Conservation Camp

Mailing: PO Box 306 - Northborough, MA 01532

Phone: 508-450-5120 Email: MAJuniorCamp@gmail.com

Website: www.juniorconservationcamp.org

Camper's Name	Age	Sex
Address	Date of Birth	Phone

Camper Health Record (to be completed by parent or guardian)

Please indicate whether the camper has ever had the following:

- | | | | |
|-------------|--|-----------------|--|
| Asthma | <input type="checkbox"/> Yes <input type="checkbox"/> No | Measles | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Bed Wetting | <input type="checkbox"/> Yes <input type="checkbox"/> No | Measles, German | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Chicken Pox | <input type="checkbox"/> Yes <input type="checkbox"/> No | Mumps | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cramps | <input type="checkbox"/> Yes <input type="checkbox"/> No | Rheumatic Fever | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Depression | <input type="checkbox"/> Yes <input type="checkbox"/> No | Scarlet Fever | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fainting | <input type="checkbox"/> Yes <input type="checkbox"/> No | Seizures | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hay Fever | <input type="checkbox"/> Yes <input type="checkbox"/> No | Sleepwalking | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Indigestion | <input type="checkbox"/> Yes <input type="checkbox"/> No | Operations | _____ |

Please check if the camper has sensitivity to the following:

- | | | | |
|----------------|--|--------------------------|--|
| Bronchitis | <input type="checkbox"/> Yes <input type="checkbox"/> No | Poison Ivy, Oak or Sumac | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Colds | <input type="checkbox"/> Yes <input type="checkbox"/> No | Sinus Infections | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Convulsions | <input type="checkbox"/> Yes <input type="checkbox"/> No | Sore Throat | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ear Infections | <input type="checkbox"/> Yes <input type="checkbox"/> No | Stomach Upsets | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Headaches | <input type="checkbox"/> Yes <input type="checkbox"/> No | Other | _____ |

Please list any concerns, medical or otherwise, which our staff should be aware of _____

INSURANCE INFORMATION

Subscriber _____ Relation to Camper _____

Insurance Company _____ Insurance Phone _____

Certificate Number _____

My son/daughter _____ has my permission to attend this camp and participate in the programs and activities. I understand that participants will be supervised and if a serious illness or injury develops, medical and/or hospital care will be given. However the staff is not responsible in case of accidental injury or illness. I further understand that in case of serious illness or injury, I will be notified, but if it is impossible to contact me, I give permission for emergency treatment or surgery as recommended by the attending physician.

Parent/Guardian Name _____ Date _____

Parent/Guardian Signature _____ Phone _____