



Massachusetts Junior Conservation Camp

A project of the Massachusetts Sportsmen's Junior Conservation Camp Inc.

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Website: www.juniorconservationcamp.org

Camper's Name			
Date of Birth	Sex	Hair Color	Eye Color

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 _____ Phone _____

Parent/Guardian Signature _____ Date _____