



Hamilton

Dear Parent/Guardian,

Thank you for selecting the Hamilton College Summer Camps for your child's summer camp experience. This letter and enclosures pertain to required documentation regarding your child's health. Please assist our staff by reviewing and completing the Camper Information and Medical History as well as the Parental Permission/Hold Harmless form. We would like you to fill out this information packet and return it to us by **June 1, 2015**. This allows our staff time to review the information and be properly prepared for the arrival of campers. ***Campers will not be allowed to attend camp without this packet.*** Thank you in advance for your cooperation!

Hamilton Summer Camp Health Checklist:

- Camper Information and Medical History
- Parental Permission/Hold Harmless Form
- Physician Report
- Copy of Immunization Record on Physician Stationery
- Copy of Insurance Card

In accordance with New York State Department of Health (NYSDOH), this form must be completed for each child attending camp, with accurate and current information to the best ability of the parent/guardian. Only one form needs to be completed if the child is attending multiple camps. Please indicate the camps that your child will be attending on page one of the form.

A photocopy of your child's Record of Immunizations must be obtained from your physician and submitted on the physician's stationery. **No child will be permitted to remain on campus and participate in the camp without this form being complete, which includes a current Record of Immunizations.**

Thank you for taking the time to accurately complete the Camper Information and Medical History Form, as well as the Parental Permission/Hold Harmless Agreement. Your physician should complete the Physician's Report which includes a Camp Medication portion (if appropriate). **Completed forms should be returned by June 1, 2015 and no later than two weeks prior to your child's arrival at camp**, and should be sent to the following address:

Hamilton College Camps
Attn: Scott Siddon
198 College Hill Road
Clinton, NY 13323

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Camper Information and Medical History

To Be Completed by Parent

Participation is prohibited without this completed form.

Name _____ Birth Date ____/____/____ Age at Camp ____ Gender: Male Female

Address _____ City _____ State _____ Zip _____

Parent/Guardian _____ Home Ph. _____ Cell Ph. _____

Address _____ City _____ State _____ Zip _____
(If different from above.)

Other Emergency Contact _____

Relationship _____ Home Ph. _____ Cell Ph. _____

Camp(s) Attending: (Please check appropriate box for camp or multiple camps.)

- | | |
|--|---|
| <input type="checkbox"/> All-American Soccer Camp (Coed) | <input type="checkbox"/> Leadership Camp (Coed) |
| <input type="checkbox"/> All-Sport Day Camp (Coed) | <input type="checkbox"/> Soccer Prospect Camp (Girls) |
| <input type="checkbox"/> Excel Lacrosse Camp (Boys) | <input type="checkbox"/> Volleyball Day Camp (Girls) |
| <input type="checkbox"/> Field Hockey Camp (Girls) | <input type="checkbox"/> Volleyball Prospect Camp (Girls) |
| <input type="checkbox"/> Ice Hockey Prospect Camp (Boys) | <input type="checkbox"/> Other _____ |

General Health History: Check "YES" or "NO" for each statement. Explain "YES" answers below.

Has/Does the Camper:

- | | |
|---|---|
| 1. Ever been hospitalized?..... <input type="radio"/> Yes <input type="radio"/> No | 11. Had fainting or dizziness? <input type="radio"/> Yes <input type="radio"/> No |
| 2. Ever had surgery?..... <input type="radio"/> Yes <input type="radio"/> No | 12. Passed out/ had chest pain during exercise? <input type="radio"/> Yes <input type="radio"/> No |
| 3. Have recurrent/chronic illnesses? <input type="radio"/> Yes <input type="radio"/> No | 13. Had mononucleosis ("mono") during the past 12 months?..... <input type="radio"/> Yes <input type="radio"/> No |
| 4. Had a recent infectious disease? <input type="radio"/> Yes <input type="radio"/> No | 14. If female, have problems with periods/menstruation <input type="radio"/> Yes <input type="radio"/> No |
| 5. Had a recent injury?..... <input type="radio"/> Yes <input type="radio"/> No | 15. Have problems with falling asleep/sleepwalking? <input type="radio"/> Yes <input type="radio"/> No |
| 6. Had asthma / wheezing / shortness of breath? <input type="radio"/> Yes <input type="radio"/> No | 16. Ever had back/joint problems?..... <input type="radio"/> Yes <input type="radio"/> No |
| 7. Have diabetes? <input type="radio"/> Yes <input type="radio"/> No | 17. Have a history of bed-wetting? <input type="radio"/> Yes <input type="radio"/> No |
| 8. Had headaches?..... <input type="radio"/> Yes <input type="radio"/> No | 18. Have problems with diarrhea/constipation?..... <input type="radio"/> Yes <input type="radio"/> No |
| 9. Had seizures? <input type="radio"/> Yes <input type="radio"/> No | 19. Have any skin problems?..... <input type="radio"/> Yes <input type="radio"/> No |
| 10. Wear glasses, contacts or protective eye wear? <input type="radio"/> Yes <input type="radio"/> No | 20. Traveled outside the country in the past 9 months?..... <input type="radio"/> Yes <input type="radio"/> No |

Please explain "Yes" answers in the space below, noting the number of the question(s). Attach separate sheet if necessary. For travel outside the country, please name countries visited and dates of travel.

Immunization: Complete Immunization Records are required for camp attendance.*

A copy of your child's immunization history (which includes dates) must be provided and verified by your child's physician or other health care professional (i.e., Immunization Record on Health Care Provider Letterhead with physician's signature.)

Immunizations required for camp attendance are as follows:

- DTaP 4 doses
- Tdap 1 dose for 11 year old and older
- IPV (polio) 3 dose minimum
- MMR 2 doses

Recommended are:

- Hib 3 doses
- Hepatitis B 3 doses
- Varicella 1 dose
- Meningitis (Menactra or Meninmune) 1 dose for 12 and older

** If you request exemption from the immunization requirement for religious reasons, please provide a document (dated within the past year) that states the reason for the exemption. (Religious exemption is the only legally allowable exemption in New York State.)*

IT IS ADVISED, PRIOR TO MAILING THESE FORMS THAT YOU MAKE A COPY TO HAND CARRY TO REGISTRATION.

2 Physician Report

To Be Completed by Physician

Physical exam done today: Yes No
 (If "No", date of last physical: MM/DD/YEAR: _____)
 Weight: _____ lbs. Height: _____ ft _____ in
 Blood Pressure: _____ / _____

Diet/Nutrition: Eats a regular Diet
 Has a medically prescribed meal plan or dietary restrictions
(describe below)

Allergies: No Known Allergies
 To Foods *(list):*
 To Medications *(list):*
 To the Environment (insect stings, hay fever, etc. *-list*):
 Other Allergies *(list):*
Describe previous reactions:

The camper is undergoing treatment at this time for the following conditions: (describe below) None

Other treatments/therapies to be continued at camp: (describe below) None

Do you feel that the camper will require limitations or restrictions to activity while at camp: *(describe below)* None

Standard Over the Counter / PRN Medications

(The following medications are available in the infirmary and will be administered at the discretion of the medical staff, **only** if the camper's health-care provider indicates approval.)

Medication:	Administer Order		Route	Dose/Time
Acetaminophen (ex.-Tylenol)	Yes	No	PO	
Ibuprofen (ex.-Advil, Motrin)	Yes	No	PO	
Phenylephrine (ex.-Sudafed PE)	Yes	No	PO	
Antacids (ex.-Tums, Rolaids)	Yes	No	PO	
Bismuth subsalicylate (ex.-Pepto-Bismol)	Yes	No	PO	
Kaopectate	Yes	No	PO	
Diphenhydramine (ex.-Benadryl)	Yes	No	PO	
Generic Cough Drops	Yes	No	PO	
Dextromethorphan (ex.-Cough Syrup)	Yes	No	PO	
Hydrocortisone 1% cream	Yes	No	PO	
Topical antibiotic cream	Yes	No	PO	
Midol	Yes	No	PO	

Prescription Medications: (Please complete with camper's current regimen of scheduled medications, including inhalers. Attach additional page if needed.) All medications sent to camp must be in their original containers including inhalers which must come in their prescription labeled box. No pill boxes or unlabeled containers will be accepted. **NOTE: Prescription meds will only be administered as per the prescription label instructions.**

Medication	Route	Dose	Time(s)	Diagnosis

All medications sent to camp **MUST** be in their ORIGINAL CONTAINERS. Medication in pill boxes or other containers **WILL NOT** be accepted.

Immunization: Complete Immunization Records are required for camp attendance. *(Religious exemption is the only legally allowable exemption in New York State.)* A copy of your immunization history (which includes dates) must be provided and verified by child's physician or other health care professional (i.e., Immunization Record on Health Care Provider Letterhead with physician's signature.)

For Inhalers and Epi-Pens:

Has camper been trained in the proper use of the inhaler or epi-pen? Yes No Consent for child to keep inhaler or epi-pen? Yes No
Hamilton College Summer Camps are NOT responsible for inhalers or epi-pens lost while in the camper's possession.

"I have reviewed the CAMPER HEALTH HISTORY FORM and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above).

Name of licensed provider (please print): _____ License No.: _____

Signature: _____ Title: _____ Phone: _____ Date: _____

Office Address: _____

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Parental Permission/Hold Harmless Agreement

Must be completed and signed by Parent

Campers will not be allowed to participate unless this form is signed.

Camper Name (Last): _____ (Please Print Neatly) (First): _____

Date of Birth: ____/____/____ Camp Enrolled In: _____ Session: _____

1. I give my child, identified on the top of this form, permission to participate in the Hamilton College Summer Program (camp or clinic) listed above.
2. **Medical Treatment:** In the event of an injury or illness, I give permission for my child to be treated by a qualified athletics trainer, nurse or licensed EMT and/or emergency room staff at the local hospital. I also give permission for medical staff to administer any medications as indicated above. In addition, I consent to have Hamilton College or above service providers use and disclose my child's protected health information for payment, treatment and health care operations purposes. Protected health information includes medical, billing and demographic information collected and/or created by above service providers. I understand that I will be responsible for all charges for health services by off-campus providers.
3. I give permission for my child to go swimming in the Hamilton College swimming pool. ____ (Initial if permitting.)
4. I give permission for my child to participate in Climbing Wall instructions at the Hamilton College climbing wall. ____ (Initial if permitting.)
5. I am aware of the inherent dangers and risks involved in summer camps, swimming and climbing wall activities including: bodily injury to the eyes, nose, head, neck or back; sprains, fractures, breaks, or dislocations of the joints or limbs; lacerations, concussions, skin disease, or death. Some other risks include, but are not limited to:
 - a) Being hit or struck by sports equipment (bat, ball, stick, club, racquet, puck, helmet).
 - b) Being hit, struck, physically challenged or collision with other camp, climber or clinic participants.
 - c) Collision with facilities (floor, goal, backboard, ground, pool, climbing wall, diving board, rink, ice, mat).
 - d) Immersion in water (drowning).
6. I agree that my child must turn in his/her car keys, if applicable, to the camp staff at check-in if driving himself/herself to camp.
7. **Insurance Coverage:** I understand that Hamilton College *does not* provide any *accident or medical insurance* for my child. I understand that I am required to provide accident/medical insurance for my child and do so under the policy listed below. I agree that I am financially responsible for any and all medical expenses associated with my child's participation in this program.

(NOTE: Your child *will not be allowed to participate* unless your medical insurance provider and policy number is provided below, and you **must** included a photocopy of your HMO card.)

Medical Insurance Provider: _____ Policy No. _____

8. I agree, on behalf of myself, my spouse/partner, my child, and our assigns, executors, and heirs, to indemnify, and hold harmless, Hamilton College, and its trustees, officers, agents and employees from any and all liability, damage and claims of any nature arising out of or in any way related to my child's participation in this program, except those things caused by the sole negligence of Hamilton College.
9. I understand that my child, if issued a room key, is responsible for keeping his/her room locked when leaving it. Furthermore, I agree that Hamilton College is not responsible for personal belongings lost or stolen as a result of my child not locking his/her residence hall room.
10. From time to time, photographs, videos, direct quotes, and/or audio clips may be taken of youth and adults attending Hamilton College Summer Camps. This may be used for a variety of purposes, including, but not limited to publications, promotional brochures, promotions or show case of programs on our Web sites, showcase of activities in local and/or national newspapers or programming, and other similar lawful purposes. By initialing below, I consent and give permission to allow Hamilton College the unlimited right to use photos, videos, direct quotes, and/or audio clips they have of my child participating in summer camps. _____ (Initial if permitting.)
11. I understand that the terms of this agreement are legally binding and certify that I have signed this agreement on my own free will after carefully reading and fully understanding it.

Parent or Guardian (please print)

Witness (please print)

Signature of Parent or Guardian

Signature of Witness

In witness whereof, the instrument is duly executed _____

Date