

Swansea Country Club Summer Camp

Emergency – Health Information

Camper's Name _____ Grade _____
(First) (Middle) (Last)

Date of Birth _____ Place of Birth _____

Home Address _____ Home Phone # (____) _____

Father's Name _____ Cell# (____) _____ Work # (____) _____

Mother's Name _____ Cell# (____) _____ Work# (____) _____

Child lives with (Please check): Father ___ Mother ___ Both ___ Guardian ___

Emergencies such as sudden illness or accident may occur at school. In the event of an emergency, your child will be transported to the nearest hospital.

Please arrange for two other responsible adults to care for your children in the event you cannot be reached:

Name _____ Relationship to child _____ Phone # (____) _____

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Child's Physician: _____ Phone # (____) _____

Child's Dentist: _____ Phone # (____) _____

Health Insurance _____

If you do not have health insurance, The Commonwealth of Massachusetts has a health insurance plan that will provide uninsured children with affordable healthcare (restrictions may apply).

Please list any medication your child takes (including inhalers and EpiPens) and any chronic health conditions such as, allergies, asthma, diabetes, seizure disorder, heart condition, migraines, etc. Indicate all allergies (be specific) and any medication needed to treat them:

(PLEASE TURN OVER TO COMPLETE BACK SIDE OF FORM)

If your child has **asthma**, what triggers it? Allergies ____ Colds ____ Exercise ____ Animal Fur ____
Seasonal ____ Other ____ Explain _____

Does your child use an **inhaler**? No ____ Yes ____ Please list the name(s) of the inhaler(s) used if any

Does your child suffer from Diabetes? No ____ Yes ____ Explain: _____

Does your child suffer from Seizures? No ____ Yes ____ Explain: _____

Does your child have difficulty **hearing**? No ____ Yes ____

Does your child wear hearing aids? No ____ Yes ____ If yes, left ear ____ right ear ____

****If the answer is yes to any of the above please discuss with the Staff Health Care Supervisor prior to enrollment.**

Occasionally, it is in the child's best interest to *share health information* (ie. asthma, serious allergies, vision/hearing difficulties, seizures, diabetes, etc.) with others to insure the safety of the child.

Do you give your permission for the camp supervisor to share pertinent health information with others should he/she feel it is medically necessary? Yes ____ No ____

Illness and illnesses including, but not limited to: coming into contact with someone with COVID-19 or symptoms of COVID-19, fever, diarrhea, rash, sore throat, vomiting or jaundice will preclude campers from taking part in any camp session(s).

Please note if permission is not granted, it is the parent's responsibility to notify other staff members when necessary.

****Please attach vaccination records with all submitted forms and email to robb@swanseacountryclub.com, drop off forms in a sealed envelope or put in the mail. Keep in mind, this form and vaccination records are mandatory for your child to attend camp, please be sure we have them prior to their first scheduled camp.***

Parent/Guardian

Signature _____ **Date** _____