



Required Health Records

The Health Department of the State of Massachusetts requires: Campers must meet immunization requirements for the grade they will enter in the upcoming school year.

1. A completed and signed medical history form (provided online)
2. **Documentation of Immunizations (with dates administered)**

FOR CAMPERS AGES 5+ (GRADES K–6)

- **DTaP/Tdap (Diphtheria, Tetanus, Pertussis) – 5 doses** (4 doses acceptable if the last one was given on/after the 4th birthday).
- **Polio – 4 doses** (3 doses acceptable if final dose was given on/after the 4th birthday and at least 6 months after the previous dose).
- **Hepatitis B – 3 doses.**
- **MMR (Measles, Mumps, Rubella) – 2 doses** (first dose must be after the 1st birthday, second dose at least 28 days later).
- **Varicella (Chickenpox) – 2 doses** (first dose after 1st birthday, second at least 28 days later, or provider –documented history of infection).

FOR CAMPERS AGES 12+ (GRADES 7–12)

- **Tdap – 1 dose** (must have received previous DTaP series).
 - **Polio – 4 doses** (same as above).
 - **Hepatitis B – 3 doses** (or 2 doses of Heplisav-B if given after age 18).
 - **MMR – 2 doses** (same as above).
 - **Varicella (Chickenpox) – 2 doses** (same as above).
 - **Meningococcal (MenACWY/MCV4):**
 - **Grades 7–10 – 1 dose** (REQUIRED after age 10).
 - **Grades 11–12 – 2 doses** (REQUIRED 2 doses or 1 dose if given after age 16).
3. COVID vaccination not required but may be included
 4. **A report of physical examination within the last 18 months**
 5. Action Plan for epi-pen, inhalers or seizures (if applicable)
 6. Authorization to Administer Medication to camper (if applicable) signed by parent/guardian & physician

Documentation of immunizations and report of physical examination are due 2 weeks prior to attending camp.

****Failure to meet these requirements will result in your child being sent home. In this event, NO refunds will be issued. Campers must meet Centers for Disease Control and Prevention recommendations.****

NOTE: Department of Health regulations state that we can **NO LONGER accept a signed statement from your physician indicating that immunizations are all up to date and that the camper is fit to enjoy camp. Copies of immunizations and physicals **MUST** be submitted.*

Options to submit health records:

- Parents/guardians may log into their camp account and upload documents.
- Physicians/Parents/Guardians may fax documents to: 413-445-5579
- Parents/guardians may hand deliver documents to Sam in the Club Office.

*Campers must provide documentation of immunization, or show a medical or religious exemption. Medical exemptions come from the student's doctor and document a contraindication, which is a reason why an individual cannot medically receive the vaccine. Religious exemptions come from the parent/guardian and state in writing that a vaccine conflicts with his/her sincerely held religious belief.

Authorization to Administer Medication to a Camper

(completed by parent/guardian with physician signature)

| Camper and Parent/Guardian Information | |
|---------------------------------------------------------|--------------------------|
| Camper's Name: | |
| Age: | Food/Drug Allergies: |
| Diagnosis (at parent/guardian discretion): | |
| Parent/Guardian's Name: | |
| Home Phone: | Business Phone: |
| Emergency Telephone: | |
| Licensed Prescriber Information | |
| Name of Licensed Prescriber: | |
| Business Phone: | Emergency Phone: |
| Medication Information 1 | |
| Name of Medication: | |
| Dose given at camp: | Route of Administration: |
| Frequency: | Date Ordered: |
| Duration of Order: | Quantity Received: |
| Expiration date of Medication Received: | |
| Special Storage Requirements: | |
| Special Directions (e.g., on empty stomach/with water): | |
| Special Precautions: | |
| Possible Side Effects/Adverse Reactions: | |
| Other medications (at parent/guardian discretion): | |
| Location where medication administration will occur: | |
| Medication Information 2 | |
| Name of Medication: | |
| Dose given at camp: | Route of Administration: |
| Frequency: | Date Ordered: |
| Duration of Order: | Quantity Received: |
| Expiration date of Medication Received: | |
| Special Storage Requirements: | |

Special Directions (e.g., on empty stomach/with water):

Special Precautions:

Possible Side Effects/Adverse Reactions:

Other medications (at parent/guardian discretion):

Location where medication administration will occur:

Authorization Information

I hereby authorize the health care consultant or properly trained health care supervisor at _____ (name of camp) to administer, to my child, _____ (name of camper) the medication(s) listed above, in accordance with 105 CMR 430.160(C) and 105 CMR 430.160(D) [see below].

If above listed medication includes epinephrine injection system:

I hereby authorize my child to self-administer, with approval of the health care consultant Yes No Not Applicable

I hereby authorize an employee that has received training in allergy awareness and epinephrine administration to administer Yes No Not Applicable

If above listed medication includes insulin for diabetic management:

I hereby authorize my child to self-administer, with approval of the health care consultant Yes No Not Applicable

Signature of Parent/Guardian:

Date:

Signature of Physician:

Date: