



Worcester Fitness Vacation Camps Paperwork

2021 Health History/Camper Information Form

Part 1: Parent Section:

Please print:

Name of Camper _____

Date of Birth (M/D/YR)_____

Age of camper (by June 1, 2021)_____ Sex_____

Address of camper_____

Parent/Guardian's name_____

Parent's Address (if different from above)

Phone #1_____ Phone #2_____

Phone #3_____ Email_____

Please provide a second emergency contact. Different than the numbers listed above.

Emergency Contact Person _____

Emergency Phone _____

Photographs

Occasionally we may photograph kids' events and programs. We may use these photographs in electronic newsletters, our website, and/or print materials. If you DO NOT wish to have your child photographed, please check the box below.

I do not want my child to be photographed.

Please send completed forms to Kat Butterfield: kat@worcesterfitness.com, Fax: 508-853-6159, OR drop off at the front desk at Worcester Fitness. Thank you.

Medical History: Has your camper had any of these listed below?

(Give Dates) (**Write N/A** if not applicable to your camper)

Ear Infections _____ Heart Disease _____ Convulsions _____
Diabetes _____ Clotting Disorders _____ Hypertension _____
Mononucleosis _____ Chicken Pox _____ Measles _____
German Measles _____ Mumps _____ Meningitis _____
Poliomyelitis _____ Hernia _____ Kidney Disease _____
Rheumatic Fever _____ Scarlet Fever _____ Strep Throat _____
Tonsillitis _____ Tuberculosis _____ Whooping Cough _____
Asthma _____ Other _____

Allergies: Does your camper have any allergies?

(**Write N/A** if not applicable to your camper; give specific information if possible)

Hay Fever _____ Ivy Poisoning _____

Insect Stings _____ Animals _____

Food _____

Drugs _____

Operations or serious injuries (dates) _____

Disability or chronic or recurring illness _____

Activities limited by a physician _____

Dietary modifications _____

Current medications _____

Date of last physical examination _____ (Must be within two years of June 2020)

Print **Physician's name** _____

Swimming Ability

Does your child need a floatation device in order to swim? YES NO

Does your child have a fear of water? _____

Has your child taken swim lessons before? _____ when? _____

If you have taken lessons with us, what was your child's most recent level? _____

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Insurance Information:

(Please fill out completely)

Name of health insurance carrier _____
Health Insurance Policy **Number** _____

(**Information required or need to fill out indemnity form**) This info is **not** found on the doctor's form.

Required signature by the parent/ guardian below for emergency hospital care.

Parent Authorization for Treatment: I hereby give permission to medical personnel selected by the program director to order x-rays, routine tests, treatment and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, for my child as named above. The completed forms may be photocopied for trips out of camp.

Parent/Guardian Signature _____ **Date** _____

Part 2:

Doctor's Section:

Please attach current physical form to this paperwork that includes current immunizations.

Please send completed forms to Kat Butterfield: kat@worcesterfitness.com, Fax: 508-853-6159, OR drop off at the front desk at Worcester Fitness. Thank you.

Part 3: Authorization to pick-up

Please include **anyone** authorized to pick up your child from camp. Caregivers are required to sign each camper in/out daily. Please have caregivers bring a photo ID if it is their first time at Worcester Fitness.

Authorized to pick-up:

Name	Relationship to Camper	Phone #	Email Address
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Name	Relationship to Camper	Phone #	Email Address
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Name	Relationship to Camper	Phone #	Email Address
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Covid-19 Statement

The Worcester Fitness Vacation Camp is a community of children, families, and staff all trying to provide the safest, most enriching, and joyful experience for children every day.

As a member of our Vacation Camp community I understand that

- The program is taking extra precautions to reduce the risk of spreading COVID-19 within the program if it is introduced.
- I have a personal responsibility to support the health, safety, and well-being of everyone that works and attends this program; and

Therefore, as a member of this Summer Camp Community I commit to:

- Keeping myself or my child at home if any symptoms of COVID-19 are present (or were present if during the weekend) including fever (100.0F), cough, sore throat, difficulty breathing, gastrointestinal distress (diarrhea or vomiting), loss of taste or smell, and/or muscle aches even if there is no COVID-19 exposure;
- Return my child to the program by following the protocols if my child tests positive, has symptoms, or is identified as a close contact;
- Reporting to the program honestly and quickly if I find out that my child or someone that lives in my home tests positive for COVID-19 or is identified as a close contact.
- Supporting and reinforcing the efforts of the program to encourage children to wear masks properly; and
- Abiding by all public health guidelines.

I, _____ (print name), have read the above Covid-19 Statement, agree to all of it, and will try my best to the above at all times for myself or my child.

Signature _____ Date _____

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