

CAMP MIDDLESEX HEALTH & WAIVER FORM 2017

HEALTH HISTORY & MEDICAL AUTHORIZATION FOR ALL PERSONS UNDER AGE 18

Both sides of this form must be completed and returned with EACH camp registration.

Registration will NOT be processed unless it is accompanied by this form. NOTE: A doctor's signature is NOT required.

Name of Camper: _____
Last First MI Home Phone

Street Address _____ City _____ State _____ Zip _____

Camper's Social Security # _____ Camper's Date Of Birth _____

Camper's Gender: Male Female Camper's AGE: _____ Grade entering as of September 2017: _____

Parent/Guardian Name: _____ Daytime Phone: _____

E-Mail Address: _____

Parent/Guardian Name: _____ Daytime Phone: _____

E-Mail Address: _____

Alt. Emergency Contact: _____ DaytimePhone: _____

Family Physician: _____ DaytimePhone: _____

PLEASE COMPLETE THE FOLLOWING:

Withholding relevant physical, emotional and mental health history may result in exclusion from camp. Specify all known conditions such as ADD/ADHD in #1 below. A camper whose presence poses a continuing danger to persons or property, or an ongoing threat of disrupting the camp experience for others, will be excluded from activities and expelled from camp.

ALL MEDICATIONS, INCLUDING INHALERS & EPI PENS, MUST BE STORED IN THE HEALTH OFFICE & ADMINISTERED BY THE CAMP NURSE.

1. Currently under physician's care for: _____

2. Current medication being taken (or medication taken during the school year): _____ NONE

3. Were you ever advised not to allow this child to play in any sports? YES NO

4. List any medical conditions: _____

5. List any allergies including bee stings, hives, asthma: _____

Circle: Child uses epi pen / Child uses an inhaler (Indicate type) _____

Child can use this independently YES NO

6. Has this child:

(a) had difficulty with sight? YES NO

(b) had difficulty with hearing? YES NO

7. Does this child have a history of fainting with exercise? YES NO

8. Has child experienced recent loss of family member or close friend? YES NO

According to state law, all campers must be immunized or submit a statement indicating REFUSAL TO VACCINATE. Provide dates for each immunization. DO NOT attach additional pages of the health history record from your doctor's files. Only the dates of vaccination are pertinent. For a copy of the Refusal to Vaccinate form please call 732.906.2556.

Immunization For:	Dates of Vaccination (month/year):
Diphtheria, Tetanus, Pertussis (DTaP) or (TdaP) _____	_____
Mumps, Measles, Rubella (MMR) _____	Haemophilus Influenza Type B (HIB) _____
Pneumococcal (PCV) _____	Polio (IPV) _____
Hepatitis A _____	Hepatitis B _____
Varicella (Chicken Pox) _____	Meningococcal Meningitis (MCV4) _____
	Last TB/Tetanus Booster _____

RELEASE AUTHORIZATION

Children will only be released to individuals who are authorized. If you wish to have your child picked up by individuals not on this list, you must provide the camp with a revised authorization list 48 hours before pick-up date.

Name Relationship Phone #

Name Relationship Phone #

If an emergency illness or injury occurs, I (parent/guardian) hereby authorize Middlesex County College to treat and/or send this person to a physician or hospital and authorize the necessary treatment. I also authorize the physician or hospital to release my child after treatment to a representative of Middlesex County College. All information on this form is complete, true and accurate to the best of my knowledge.

SIGNATURE OF PARENT/GUARDIAN DATE

TERMS OF PARTICIPATION

Both sides of this form must be completed and returned with EACH camp registration.
Registration will NOT be processed unless it is accompanied by this form.

BEHAVIOR

Students are expected to:

- Behave in a friendly, cooperative and responsible manner toward fellow campers, instructors and MCC staff
- Respect the ideas and property of others
- Strive to do the best work possible in their courses
- Be able to work independently
- Be able to focus on a task to completion

Students may be excluded from activities or dismissed from the program for not adhering to the behavior guidelines above or for:

- Leaving assigned area unaccompanied by a staff member
 - Stealing or vandalizing College property or the property of others
 - Bullying
 - Jeopardizing the safety or well-being of oneself or others
 - Disrupting the learning environment.
 - Parents/caregivers/guardians are expected to escort campers to and from classrooms.
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WAIVER AND HOLD HARMLESS AGREEMENT

Please read this form carefully and be aware that in having your child registered and participating in this program, you will be waiving and releasing all claims for injuries your child might sustain in this program.

- As the parent/guardian of a participant in this program, you recognize and acknowledge that there are certain risks of physical injury arising out of this program and agree to assume full risk of any injury, damage or loss which your child may sustain as a result of participating in any and all activities associated with this program.
 - You agree to waive, release, discharge and/or relinquish all claims or accrued costs you may have as a result of your child participating in this program against Middlesex County College, its Board of Trustees, officers, representatives, agents, faculty and staff.
 - You further agree to indemnify, hold harmless, and defend Middlesex County College, its Board of Trustees, officers, representatives, agents, faculty and staff from any and all claims resulting from injuries, damages and losses sustained by your child and arising out of, connected with or in any way associated with the activities of the program.
 - In the event of an emergency, you authorize Middlesex County College staff to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for your child's immediate care and agree to be responsible for payment of any and all charges for medical services rendered.
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COMPUTER USE AGREEMENT

- Certain camps may use the Internet as part of curriculum developed by the instructor. With this educational opportunity comes responsibility, to be shared by the camper, parent/guardian and the College staff.
 - Campers will use the software that pertains to their camp. They may use the Internet when the instructor gives them permission.
 - Campers should tell their instructor immediately if they encounter information that is inappropriate or makes them feel uncomfortable.
 - Campers shall not give out any personal information while online.
 - Parents will be contacted if their child is involved in any unacceptable situations while using the computer.
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MEDIA RELEASE

- As a parent/guardian of a participant in the Theater Camp program you authorize and acknowledge permission for the local cable company to video record Theater Camp performances and broadcast those performances on the local cable network.
 - You release Middlesex County College, its Board of Trustees, officers, representatives, agents, faculty and staff of and from any claims (monetary or otherwise) that you may have related to the use of these images.
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CAMPER'S NAME

DATE

PARENT OR GUARDIAN SIGNATURE

HOME PHONE

