

MEMORANDUM

To: All 2018 Dan Duquette Sports Academy Campers

RE: Health, Physical Examination and Immunization Requirements

The Commonwealth of Massachusetts (105 CMR 430.151-152) Minimum Standards for Recreational Camps and the Dan Duquette Sports Academy require the following medical documentation prior to participation in our camps and programs. Compliance insures the safe participation and protection for all campers and staff.

The Sports Academy will be staffed with a Health Care Provider for all camp sessions. A Healthcare professional(s) will conduct a quick health screening and review during the on-site registration process. If your child requires medication(s) please bring his/her medications on the day of registration. All medications must be in their original containers. The healthcare staff are required to store and administer your child's medication.

The following information is required for each participant:

If you are sending more than one child to camp requiring medication please keep each child's medication in separate containers.

1. Completed Sports Academy Health History Form
2. Copy of Doctor's Physical Examination (within prior 24 months) signed and dated by the Physician.
3. Certificate of Immunization containing updated immunization records.
4. Sports Academy Consent to Medical Treatment Form.
5. Copy of the camper's Health Insurance Card (front & back).

Note: Most children are also required to provide the same Physical Examination and Immunization forms to their school on a yearly basis. Photocopies of these forms should be sufficient in most cases.

The required Health History Form, Medical Waiver, and Consent for Treatment forms are available online at www.duquettesports.com and are listed under Waivers.

Completed forms and documents should be mailed to the Sports Academy at least one month in advance of the camp start date. Mail medical forms to:

Dan Duquette Sports Academy
Attn: Health Care Coordinator
P.O. Box 2021
Hinsdale, MA 01235

Should you have questions or need clarification regarding medical issues, feel free to contact our office at 413-655-8521.

OR

EMAIL Health Care Coordinator: dharrin2@berkshire.rr.com



Medical Form 2018

To comply with CMR 430.151/152(Physical Examinations by Physician and Certificate of Immunization)

Please fill out all 3 pages of this form. Please print.

CAMPER MEDICAL FORM

Last Name

First Name

Sex: _____

DOB: _____

Current Age: _____

Home Address

City / Town

State

Zip Code

Home Telephone

Telephone (Other)

Date of Last Physical Examination: _____ [physical examination must have been conducted during the **preceding 24 months**]

▶ Please attach office copy of *Physical Examination* or *Physician note*

In case of Emergency contact: *(this person is often the parent of the camper)*

Last Name

First Name

Home Address

City / Town

State

Zip Code

Home Telephone

Telephone (Other)



CAMPER'S NAME: _____

Health Care Provider Information

Primary Care Physician Last Name

Primary Care Physician First Name

Primary Care Physician Phone Number

Primary Care Physician Address

Health Insurance Information/ Policy number: _____

Certificate of Immunization

Required Immunizations – List month and year

NOTE: You do not need to complete this page if you can submit a copy of your child's immunization record. You can obtain a copy from your Pediatrician.

1. Measles, Mumps and Rubella (MMR) Vaccine: At least one dose of MMR vaccine(s) must be administered at or after 12 months of age or there must be proof of laboratory evidence of immunity. Attach list from physician that shows proof of immunization or fill in information below:

Date(s) of immunization: _____

2. Polio Vaccine: At least three doses of either trivalent oral polio vaccine (OPV) or enhanced potency inactivated polio vaccine (e-IPV) are required. If a mixed schedule of polio vaccine is given (IVP and OPV), a total of four doses is required.

Date(s) of immunization: _____

3. Diphtheria and Tetanus Toxoids and Pertussis Vaccine: At least four doses of DtaP/DTP/DT/Td are required. (The pertussis component is not given to anyone seven years of age or older). A booster dose of tetanus/diphtheria, adult type toxoid (Td) is required if more than ten years have elapsed since the last dose.

Date(s) of immunization: _____

4. Hepatitis B: Effective January 1, 1999, for all children born on or after January 1, 1992, three doses of Hepatitis B vaccine are required.

Date(s) of immunization: _____

Exemptions from immunization:

Please submit a written statement explaining any religious objections to immunizations. Any immunization specified above in items 1 through 4 shall not be required if you submit a certification by a physician that he or she has examined you and that in the physician's opinion your physical condition is such that your health would be endangered by such immunization.



CAMPER'S NAME: _____

SIGNIFICANT MEDICAL HISTORY – list dates (list past surgeries, and all medical conditions such as asthma, heart conditions etc.)

Camper has no known medical problems

LIST ANY ALLERGIES, INCLUDING MEDICATION ALLERGIES: (be sure to list food allergies)

Camper has no known allergies

REQUIRED MEDICATIONS:

LIST HEALTH CONDITIONS OR IMPAIRMENTS WHICH MAY AFFECT ACTIVITIES WHILE ATTENDING CAMP:

Camper has no known impairments or conditions that would limit activities while attending camp

REMINDER: On the day of registration you will be asked to see the Camp Health Staff. The Health Staff will review your child's health forms and may perform a brief health screening. The health screening may include checking your child's head for lice, checking skin for rashes, and addressing any health concerns you or your child may have. Please bring any medications your child will need to take in their original containers with their original labels. Medications will be collected by Health Staff and stored in the Health Building. The On-Site Health Supervisor will administer all medications. The only exception to this is if your child must carry an Epi-pen or an Inhaler.



Dan Duquette Sports Academy P.O. Box 2021 Hinsdale MA 01235
Phone: 413-655-8077 FAX: 413-655-8653

CONSENT FOR MEDICAL TREATMENT OF A MINOR

Print Camper's Name

As Parent or legal guardian of the above-named person, I hereby give permission to the medical personnel selected by the camp director to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or 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 the person named above.

Should the need arise for urgent medical care for my child, **Dan Duquette Sports Academy** may refer my child to the Suburban Internal Medicine office for medical care. Services provided by Suburban Internal Medicine may or may not be covered by my health insurance. In the event that these services are not covered by my insurance, Suburban Internal Medicine reserves the right to bill me directly.

I hereby give permission to the Berkshire Medical Center emergency department staff to begin evaluation and treatment to the person named above until such time I can be contacted. I hereby give permission to the emergency department staff of an appropriate hospital chosen by the camp staff to begin evaluation and treatment to the person named above until such time I can be contacted in the event that an emergency occurs while at an off-site event or during transit to or from an off-site event. This completed form may be photocopied for trips out of camp.

Signature of Parent/Guardian

Relationship to Camper

Date

This consent form covers any session during the 2018 season