

Springfield College Camp Massasoit
263 Alden Street
Springfield, MA 01109-3797
2022 Emergency Contact and Health Record

Child's Name: _____ **Gender:** _____

Last First M.I.

DOB: ____/____/____ Age in camp: _____

Parents/Guardian:

Name: _____ **Relation to Child:** _____

Last First

Address: _____

Street Town/City State Zip Code

Phone (Home): (____) ____-____ Phone (Work): (____) ____-____ Phone (Cell): (____) ____-____

Name: _____ **Relation to Child:** _____

Last First

Address (if different from above): _____

Street Town/City State Zip Code

Phone (Home): (____) ____-____ Phone (Work): (____) ____-____ Phone (Cell): (____) ____-____

One Additional Emergency Contact:

Name: _____ **Relation to Child:** _____

Last First

Address: _____

Street Town/City State Zip Code

Phone (Home): (____) ____-____ Phone (Work): (____) ____-____ Phone (Cell): (____) ____-____

PLEASE COMPLETE- REQUIRED

I, _____ give permission for my child to use hand sanitizer, that has at least 60% alcohol, provided by Camp Massasoit in the event my child is not near an adequate handwashing facility. **YES NO**

Health History: Provide dates and other information requested or indicate N/A (not applicable) if appropriate.

Ear Infections _____ Chicken Pox _____ Measles _____

Convulsions _____ German measles _____ Diabetes _____

Mumps _____ Bleeding disorder _____ Tuberculosis _____

Allergies: _____

Operations/Serious Injuries: _____

Disability or chronic or recurring illness: _____

Current medications: _____

Family Medical Insurance Carrier: _____ Policy # _____

Name of Dentist/Orthodontist: _____ Phone # _____

Name of Family Physician: _____ Phone # _____

Signature of Parent/Guardian: _____ **Date:** _____

IMPORTANT: Camp Massasoit must be notified immediately if a camper has been exposed to a communicable disease during or within three weeks prior to attendance.

