



Marblehead Community Charter Public School

17 Lime Street, Marblehead, MA 01945

Phone: 781-631-0777 Fax: 781-631-0500

Email: summer@marbleheadcharter.com

Website: www.marbleheadcharter.org/summer/

Summer Adventure at Marblehead Charter 2019

Participant Registration Form

Please complete a separate form for each program participant

Name of Participant: _____

Grade entering Fall 2019: _____

Parent/Guardian 1 Name: _____

Email: _____

Home phone: _____

Cell phone: _____

Parent/Guardian 2 Name: _____

Email: _____

Home phone: _____

Cell phone: _____

Emergency Contact Information:

Emergency Contact #1: _____

Relationship to Child: _____

Cell Phone: _____

Emergency Contact #2: _____

Relationship to Child: _____

Cell Phone: _____

Program Sign Up Form

Please Choose the Program(s) & Week(s) participant will attend:

Participant Name: _____

*Please complete a separate set of registration forms for each child participating.

Week of:	Program Name:	Program Hours:	Program Fee:
June 24-28			
July 8-12			
July 15-19			
July 22-26			
July 29-Aug 2			
Extended Day Sign-Up	Early Morning Drop Off, 8-9am is \$10/day Or Late Pick Up, 3-4pm is \$10/day		

Total Program Fees Due: \$ _____

Please return completed forms to Marblehead Charter at 17 Lime St., Marblehead, MA 01945.

Payment is Due upon submission of completed registration forms

Payment can be made by:

- **Cash**
- **Check made payable to MCCPS**
- **Credit Card through our front office or by phone at 781-631-0777.**

A confirmation email will be sent upon receipt of your completed registration along with further information for participants including what to bring each day and our drop off and pick up procedures.

Participant Medical Information & Parental Waiver Form

***Please complete a separate form for each participant**

Participant Name: _____
Grade entering in Fall 2019: _____
Date of Birth: _____

Required Health Forms: Please provide the following records with your registration.

- A copy of your child's current immunization form
- A copy of your child's recent physical completed within the last 13 months
- Completed Health History form (page 4)
- Medication Administration Form & Dr's Orders if medication will be administered at camp (pages 7-9)

Allergies/Inhalers/EpiPen Information:

Inhaler: Yes _____ No _____

EpiPen: Yes _____ No _____

Please list any allergies, medications, medical conditions, or important health information we must be aware of:

Medication Administration Permission

Please provide the following documentation for any medication that will be administered during the Summer Adventure Program hours. This information must be received at least one week prior to start of program.

- A signed written order by your child's licensed prescriber (physician, nurse practitioner, etc.) documenting any medication that will need to be administered during program hours, dosage, and administration instructions. One form should be filled out for each medication to be administered at camp. Medication(s) must be delivered to the camp in a pharmacy or manufacturer labeled container by the parent/guardian or designated responsible adult. Please ask your pharmacy to provide separate bottles for camp and home. No more than 1 week's supply of medication(s) can be delivered to camp.
- A signed form for Parental Authorization to Administer Medication to a Camper (pages 7-9)
- All authorized medication should be dropped off on the first day of camp and will be returned on the last day of camp.

Participant Medical Information / Parental Waiver Form (continued)

Health History Form - Charter Summer Adventure Program 2019

Name: _____

Date of Birth: _____

Please complete this form and return it to Marblehead Charter Summer Adventure Program with all other registration information. Please attach your child's complete immunization record and a record of a physical exam completed within last 13 months. This information will provide important information for our camp staff in dealing with acute, chronic or emergency health programs should they arise during the camp session.

CIRCLE ONE ANSWER

- | | | |
|--|-----|----|
| 1) Has your child been in good health this past year? | YES | NO |
| 2) Has your child had any of the following in the past three years | | |
| a. seizures | YES | NO |
| b. severe injuries or accidents | YES | NO |
| c. fractures or broken bones | YES | NO |
| d. hospitalizations | YES | NO |
| e. operations | YES | NO |
| f. history of a heart murmur | YES | NO |
| g. medicines or treatments prescribed by a physician or clinic | YES | NO |
| h. history of chickenpox | YES | NO |

If yes to any of the above please explain: _____

- | | | |
|---|-----|----|
| 3) Does your child have a primary care physician? | YES | NO |
|---|-----|----|

Physician Name: _____ Phone #: _____

- | | | |
|---|-----|----|
| 4) Is your child currently taking any medication? | YES | NO |
|---|-----|----|

If yes, please list your child's medications: _____

- | | | |
|---|-----|----|
| 5) Is your child currently receiving any type of treatment? | YES | NO |
|---|-----|----|

If yes, please explain: (i.e.: asthma) _____

Participant Medical Information / Parental Waiver Form (continued)

My child has permission to participate in Summer Adventure at Marblehead Charter 2019 programs.

By authorizing, the parent/guardian agrees to release and hold harmless the Marblehead Community Charter Public School's (MCCPS) administrators, instructors and their employees from any, and against all: liability, loss, damages, claims, or actions for bodily injury and/or property damage, in accordance with current state and federal law, arising out of participation in this program.

I give permission to instructors and MCCPS staff to authorize medical treatment in case of emergency. I certify that my child is covered for injury under my health insurance policy. I attest to the accuracy of all information given in the form above and any additional forms required through this program.

I give permission to instructors, MCCPS staff, any responding ambulance service and/or hospital to provide emergency treatment for my child in the event of an illness or an injury. In the event of a serious injury or illness, every attempt will be made to contact the legal guardian listed on the registration form. Emergency medical treatment, however, will not be delayed while trying to make this contact.

I understand there is an inherent risk in playing sports and participating in summer programs and that the range of injury can be minor to severe. To my knowledge, my son/daughter has not been treated for any pre-existing medical conditions that could be aggravated by participating in sports or fitness activities.

Please list all previous injuries or activity restrictions below:

In addition, I acknowledge that the Marblehead Community Charter Public School does not provide transportation and therefore I am required to arrange transportation for my child to follow the stated start and end times for each program. Extended Day coverage must be requested and related fees paid in full to allow participation.

I have read the above statements, understand, and agree to the terms.

Parent Guardian Name (Please Print): _____

Parent/Guardian Signature: _____

Date: _____

Participant Pick-up Authorization Form

Child's Name: _____

My child will leave at the end of their camp program as identified below:

____ Parent/Guardian Pick-up 1 Name: _____

____ Parent/Guardian Pick-up 2 Name: _____

____ Unsupervised. Has my permission to walk or ride bike with helmet when leaving from program.

I give permission for my child to be released from the program as stated above and/or I give my permission to the following people listed below to receive my child at the end of the day. Photo ID required at time of pick up.

If no one is authorized other than parent/guardian listed above, please initial this option below.

_____ No other Adults are Authorized to Pick-Up my child

1) Authorized Adult for Pick-Up

Name _____

Address _____

Phone _____

Relationship _____

2) Authorized Adult for Pick-up

Name _____

Address _____

Phone _____

Relationship _____

Parent Guardian Name (Please Print): _____

Parent/Guardian Signature: _____

Date: _____

Authorization to Administer Medication to a Camper (completed by parent/guardian)

Camper & 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, _____ the medication(s) listed above, in accordance with 105 CMR
(name of camper)
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:

** Health Care Consultant at a recreational camp is a Massachusetts licensed physician, certified nurse practitioner, or a physician assistant with documented pediatric training. Health Care Supervisor is a staff person of a recreational camp for children who is 18 years old or older;

is responsible for the day to day operation of the health program or component, and is a Massachusetts licensed physician, physician assistant, certified nurse practitioner, registered nurse, licensed practical nurse, or other person specially trained in first aid.

05 CMR 430 References

105 CMR 430.160(A): Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use. (M.G.L. c. 94C § 21).

105 CMR 430.160(C): Medication shall only be administered by the health care supervisor or by a licensed health care professional authorized to administer prescription medications. If the health care supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. The health care consultant shall acknowledge in writing a list of all medications administered at the camp. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is written permission from the parent/guardian.

105 CMR 430.160(D): A written policy for the administration of medications at the camp shall identify the individuals who will administer medications. This policy shall:

(1) List individuals at the camp authorized by scope of practice (such as licensed nurses) to administer medications; and/or other individuals qualified as health care supervisors who are properly trained or instructed, and designated to administer oral or topical medications by the health care consultant.

(2) Require health care supervisors designated to administer prescription medications to be trained or instructed by the health care consultant to administer oral or topical medications.

(3) Document the circumstances in which a camper, Health Care Supervisor, or Other Employee may administer epinephrine injections. A camper prescribed an epinephrine auto-injector for a known allergy or pre-existing medical condition may:

a) Self-administer and carry an epinephrine auto-injector with him or her at all times for the purposes of self-administration if:

- 1) the camper is capable of self-administration; and
- 2) the health care consultant and camper's parent/guardian have given written approval

(b) Receive an epinephrine auto-injection by someone other than the Health Care Consultant or person who may give injections within their scope of practice if:

- 1) the health care consultant and camper's parent/guardian have given written approval; and
- 2) the health care supervisor or employee has completed a training developed by the camp's health care consultant in

accordance

with the requirements in 105 CMR 430.160.

(4) Document the circumstances in which a camper may self-administer insulin injections. If a diabetic child requires his or her blood sugar be monitored, or requires insulin injections, and the parent or guardian and the camp health care consultant give written approval, the camper, who is capable, may be allowed to self-monitor and/or self-inject himself or herself. Blood monitoring activities such as insulin pump calibration, etc. and self-injection must take place in the presence of the properly trained health care supervisor who may support the child's process of self-administration.

105 CMR 430.160(F): The camp shall dispose of any hypodermic needles and syringes or any other medical waste in accordance with 105 CMR 480.000: Minimum Requirements for the Management of Medical or Biological Waste.

105 CMR 430.160(I): When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be disposed of as follows:

(1) Prescription medication shall be properly disposed of in accordance with state and federal laws and such disposal shall be documented in writing in a medication disposal log.

(2) The medication disposal log shall be maintained for at least three years following the date of the last entry.

