

# MASSACHUSETTS SCHOOL HEALTH RECORD

## Health Care Provider's Examination

Name \_\_\_\_\_  Male  Female Date of Birth: \_\_\_\_\_

### Medical History

### Pertinent Family History

### Current Health Issues

**Y** **N**  
  Allergies: Please list: Medications \_\_\_\_\_ Food \_\_\_\_\_ Other \_\_\_\_\_  
History of Anaphylaxis to \_\_\_\_\_ Epi-Pen®:  Yes  No  
  Asthma: Asthma Action Plan  Yes  No (Please attach)  
  Diabetes:  Type I  Type II  
  Seizure disorder: \_\_\_\_\_  
  Other (Please specify) \_\_\_\_\_

**Current Medications (if relevant to the student's health and safety)** Please circle those administered in school; a separate medication order form is needed for each medication administered in school.

### Physical Examination

**Date of Examination:** \_\_\_\_\_

Hgt: \_\_\_\_\_ (\_\_\_\_%) Wgt: \_\_\_\_\_ (\_\_\_\_%) BMI: \_\_\_\_\_ (\_\_\_\_%) BP: \_\_\_\_\_

(Check = Normal / If abnormal, please describe.)

<input type="checkbox"/> General _____	<input type="checkbox"/> Lungs _____	<input type="checkbox"/> Extremities _____
<input type="checkbox"/> Skin _____	<input type="checkbox"/> Heart _____	<input type="checkbox"/> Neurologic _____
<input type="checkbox"/> HEENT _____	<input type="checkbox"/> Abdomen _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Dental/Oral _____	<input type="checkbox"/> Genitalia _____	

### Screening:

(Pass) (Fail)  
Vision: Right Eye    
Left Eye    
Stereopsis

(Pass) (Fail)  
Hearing: Right Ear    
Left Ear

(Pass) (Fail)  
Postural Screening:    
(Scoliosis/Kyphosis/Lordosis)

**Laboratory Results:**  Lead \_\_\_\_\_ Date \_\_\_\_\_  Other \_\_\_\_\_

**The entire examination was normal:**

**Targeted TB Skin Testing:**  Med-to-High risk (exposure to TB; born, lived, travel to TB endemic countries; medical risk factors):

Date of PPD: \_\_\_\_; Results: \_\_\_\_ mm.

Referred for evaluation to: \_\_\_\_\_  Low risk (no PPD done)

This student has the following problems that may impact his/her educational experience:

<input type="checkbox"/> Vision	<input type="checkbox"/> Hearing	<input type="checkbox"/> Speech/Language	<input type="checkbox"/> Fine/Gross Motor Deficit
<input type="checkbox"/> Emotional/Social	<input type="checkbox"/> Behavior	<input type="checkbox"/> Other	

Comments/Recommendations: \_\_\_\_\_

Y  N This student may participate fully in the school program, including physical education and competitive sports. If no, please list restrictions: \_\_\_\_\_

Y  N Immunizations are complete: If no, give reason: Please attach Massachusetts Immunization Information System Certificate or other complete immunization record.

Signature of Examiner Circle: MD, DO, NP, PA Date \_\_\_\_\_

\_\_\_\_\_  
Please print name of Examiner.

Group Practice \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please attach additional information as needed for the health and safety of the student.

MDPH 12/14/04

# CERTIFICATE OF IMMUNIZATION

Name: \_\_\_\_\_

Date of Birth:     /     /

Sex:   M   F

Please indicate vaccine type (e.g., DTaP-Hib, etc.)

Vaccine		Date	Vaccine Type	Vaccine		Date	Vaccine Type
<b>Hepatitis B</b> (e.g., HepB, HepB-Hib, DTaP-HepB-IPV, HepA-HepB)	1			<b>Rotavirus</b> (e.g., RV5: 3-dose series, RV1: 2-dose series)	1		
	2				2		
	3				3		
	4						
<b>Diphtheria, Tetanus, Pertussis</b> (e.g., DTP, DTaP, DT, DTaP-Hib, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV, Td, Tdap)	1			<b>Measles, Mumps, Rubella</b> (e.g., MMR, MMRV)	1		
	2				2		
	3			<b>Varicella</b> (e.g., Var, MMRV)	1		
	4				2		
	5			<b>Meningococcal Conjugate (MCV4) or Polysaccharide (MPSV4)</b>	1		
	6				2		
	7			<b>Seasonal Influenza</b> Inactivated (Intramuscular) or Live (Intranasal)	1		
<b>Haemophilus influenzae type b</b> (e.g., Hib, HepB-Hib, DTaP-Hib, DTaP-IPV/Hib)	1				2		
	2				3		
	3				4		
	4			<b>H1N1 Influenza</b> Inactivated (Intramuscular) or Live (Intranasal)	1		
<b>Polio</b> (e.g., IPV, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV)	1				2		
	2			<b>Pneumococcal Polysaccharide (PPSV23)</b>	1		
	3				2		
	4			<b>Hepatitis A</b> (e.g., HepA, HepA-HepB)	1		
	5				2		
<b>Pneumococcal Conjugate</b> (e.g., PCV7, PCV13)	1			<b>Human Papillomavirus</b> (e.g., HPV quadrivalent, HPV bivalent,)	1		
	2				2		
	3				3		
	4			<b>Other:</b>			

Serologic Proof of Immunity		Check One	
Test (if done)	Date of Test	Positive	Negative
Measles	/ /		
Mumps	/ /		
Rubella	/ /		
Varicella*	/ /		
Hepatitis B	/ /		

\* Must also check Chickenpox History box.

Chickenpox History
<input type="checkbox"/> Check the box if this person has a physician-certified reliable history of chickenpox.
Reliable history may be based on:
<ul style="list-style-type: none"> <li>• physician interpretation of parent/guardian description of chickenpox</li> <li>• physical diagnosis of chickenpox, or</li> <li>• serologic proof of immunity</li> </ul>

*I certify that this immunization information was transferred from the above-named individual's medical records.*

**Doctor or nurse's name** (please print): \_\_\_\_\_

**Date:**     /     /

**Signature:** \_\_\_\_\_

**Facility name:** \_\_\_\_\_

**ATTACHMENT C**

**JEWISH COMMUNITY OF AMHERST, CAMP SHEMESH AT AMHERST COLLEGE  
Parent's and Participant's Voluntary Assumption of Risk, Release,  
Indemnification of All Claims and Covenant Not to Sue Amherst College**

**NOTICE: THIS IS A LEGALLY BINDING AGREEMENT.** By signing this agreement, you, participant and parent, give up your right to bring a court action to recover compensation or obtain any other remedy from Amherst College for any injury to yourself, your child, or your property or for your/your child's death however caused arising out of your/your child's participation in the Jewish Community of Amherst, Camp Shemesh at Amherst or use of Amherst College facilities, now or at any time in the future.

The Trustees of Amherst College (herein called "Amherst" or "Amherst College") is a non-profit educational institution. References to Amherst College include Amherst College, and its trustees, employees, volunteer workers, students, participants, agents and invitees.

I, participant, (hereafter included in "WE") freely choose to participate in the Jewish Community of Amherst, Camp Shemesh at Amherst (referred to hereafter as the Program). I, parent, (hereafter included in "WE") freely choose to have my child participate in the Program. WE freely choose to use the Facilities of Amherst College in their present condition, or their condition at the time of use by the Program.

**Acknowledgment of Risk**

WE understand that Amherst College is only providing its facilities to the Jewish Community of Amherst, Camp Shemesh at Amherst, and that Amherst College is not responsible for any activities of the Program, or any supplies, equipment, or instruction or anything else provided by the Program or its training program and that Amherst College does not control any aspect of the Program whatsoever, nor is Amherst College responsible for safety or any other aspect of the Program. WE further understand that participating in the Program is an acceptance of some risk of injury. WE understand that it is our responsibility to know what personal equipment is required and provide the proper personal equipment for participation in the Program, and to ensure that it is in good and suitable condition. WE agree to abide by all rules, regulations, and practices as established by the Program or posted by Amherst College or otherwise made known, and to minimize any risk of injury.

Despite precautions, accidents and injuries can and will occur. WE understand that participation in the Program is potentially dangerous, and that I/my child may be injured and/or lose or damage personal property as a result of my/my child's participation in the Program. Therefore, WE ASSUME ALL RISKS RELATED TO THE USE OF ANY AND ALL AMHERST COLLEGE FACILITIES, including but not limited to: Personal injury of any nature including but not limited to head, joint, nerve or other trauma, broken bones, oral, dental, eye or other facial injury severe or not, temporary or permanent, including death; mental injury temporary or permanent that may occur as a result of my/my child's participating in the Program, contact with equipment, physical surroundings or other attendees; property loss or damage of any nature whether in the course of training use or if left anywhere at Amherst College.

**Release from Liability, Indemnification Agreement and  
Covenant Not to Sue**

In consideration for use of the facilities at Amherst College, WE agree to release and on behalf of ourselves, our heirs, representatives, executors, administrators and assigns, **HEREBY DO RELEASE** Amherst College from any cause of action, claims, or demands of any nature whatsoever, including but not limited to a claim of negligence which WE or any of our heirs, representatives, executors, administrators and assigns may now have, or have in the future against Amherst College on account of personal injury, bodily injury, property damage, death or accident of any kind, arising out of or in any way related to my/our participation in the Program and/or the use of any Amherst College facilities, howsoever the injury is caused, whether or not caused by the negligence of Amherst College.

In consideration for use of the facilities at Amherst College WE **COVENANT NOT TO SUE** and agree to **INDEMNIFY AND HOLD HARMLESS** Amherst College from any and all causes of action, claims, demands, losses or costs of any nature whatsoever arising out of or in any way relating to my/our participation in the Program and the use of Amherst College facilities.

WE hereby certify that WE have full knowledge of the nature and extent of the risks inherent in the Program and the use of Amherst College facilities, and that WE are voluntarily assuming all risks, whether known or unknown.

WE understand that WE will be solely responsible for any loss or damage, including death, which WE sustain or cause, whether in whole or in part, while participating in the Program and the use of Amherst College facilities, and that by this agreement WE are relieving Amherst College of any and all liability for such loss, damage or death.

WE further understand that the terms of this agreement are legally binding and WE certify that WE are signing this agreement after having carefully read and understood the same, each of our own free will.

This agreement shall be construed and enforced in accordance with the laws of the Commonwealth of Massachusetts, and WE consent to the jurisdiction of said state. WE expressly agree that this waiver and release is intended to be as broad and inclusive as permitted under the laws of the Commonwealth of Massachusetts, that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. **IN WITNESS WHEREOF**, this instrument is duly executed at \_\_\_\_\_, \_\_\_\_ (city, state), this day of \_\_\_\_\_, 20\_\_\_\_\_.

**IMPORTANT - READ ENTIRE AGREEMENT BEFORE SIGNING**

Participant Signature:

\_\_\_\_\_

Name Printed: \_\_\_\_\_

Parent's (Guardian's) Signature:

\_\_\_\_\_

Name Printed: \_\_\_\_\_

Date: \_\_\_\_\_  
day/month/year

Camp Shemesh  
**Camper/CIT Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

**Emergency Contacts**

Parent/Guardian #1: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Additional Emergency Contacts**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Insurance/Physician**

Insurance Company: \_\_\_\_\_ Group Policy Number: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Office Telephone: \_\_\_\_\_

**Medical Information** (Please note that a complete Health Form must be completed by your Physician)

Is your child allergic to any medication?    Yes    No  
Please specify: \_\_\_\_\_

Is your child allergic to bee stings?    Yes    No  
Please specify: \_\_\_\_\_

Other allergies:    Yes    No  
Please specify: \_\_\_\_\_

Medications needed while at camp?    Yes    No  
Please specify: \_\_\_\_\_

Medication to be dispensed by:    Self    Staff

Full participation in camp activities?    Yes    No  
If no, please specify: \_\_\_\_\_

Special Diet: \_\_\_ kosher \_\_\_ vegetarian \_\_\_ other: \_\_\_\_\_

Please describe any special needs, behavioral or emotional conditions of which staff should be aware:

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CONTINUED ON BACK

**Consent to Treatment and Financial Responsibility**

I understand that my child, \_\_\_\_\_, will be attending a Jewish Community of Amherst program (at Amherst College). I do hereby authorize the agents or employees of JCA Summer Camp (and/or Amherst College) to dispense the following medication(s) to my child named above: \_\_\_\_\_  
\_\_\_\_\_. Specific instructions are \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

I do hereby request that JCA Summer Camp (or Amherst College) take whatever steps necessary to secure medical treatment of my child in the event that my child appears to be in need of such treatment. I consent to the rendering of all necessary treatment, including admission to a hospital or other appropriate health care facility, in such institutions and at such places as Amherst College, acting through its agents, deems best, and I accept financial responsibility for the expense. I authorize the agents or employees of JCA Summer Camp (or Amherst College) to execute whatever forms might be necessary to ensure complete and adequate care of my child.

**Release from liability, Indemnification Agreement and Covenant Not to Sue**

In consideration for use of the facilities and program at JCA Summer Camp (and Amherst College) I COVENANT NOT TO SUE and agree to INDEMNIFY AND HOLD HARMLESS The Jewish Community of Amherst (and Amherst College), its agents and employees from any and all causes of action, claims, demands, losses or costs of any nature whatsoever arising out of, or in any way relating to, my child's participation in JCA Summer Camp (and the use of Amherst College facilities).

I hereby certify that I have full knowledge of the nature and extent of risks inherent in the JCA Summer Camp Program and the use of Amherst College Facilities, and that I am voluntarily assuming all risks, whether known or unknown.

I further understand that the terms of this agreement are legally binding and I certify that I am signing this agreement after having carefully read and understood the same, of my own free will.

**IMPORTANT – READ ENTIRE AGREEMENT BEFORE SIGNING**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Child's Name \_\_\_\_\_



## Swimming Permission Form

The Amherst College Swimming Pool is designed for college age men and women. As such, the pool is seven to fourteen feet deep with a separate four foot deep wading pool. In order to insure the safety of the children, a water safety test will be given to all children who choose to swim in the deep end of the pool. The water safety test will measure the ability of the child to swim a short distance (across the width of the pool) and tread water for a few minutes.

Children who are beginning swimmers and who have permission to swim will be supervised in the wading pool.

Amherst College's policy states that:

Amherst College will provide Massachusetts certified lifeguards to supervise swimmers. Per Massachusetts Department of Health regulations there must be at least one (1) trained lifeguard for every twenty-five (25) Participants and one (1) Camp staff member for every ten (10) Participants present. The Program Provider will ensure that it complies with those ratios and that staff are actively monitoring the Participants in their care at the pool. The Program Provider agrees that its Participants, staff, guests, and invitees shall follow the rules at the pool, including showering before swimming, and to obey the instructions of the Amherst College lifeguards at all times. This may include being asked to leave the pool area if there are too many Participants present for the number of lifeguards.

Pool and locker room safety rules and regulations will be strictly enforced and any child who repeatedly breaks or does not follow these rules will be prohibited from swimming in the pool.

### **Yes! My child can swim:**

I hereby give permission for my child(ren) listed below to participate in the JCA Camp Swimming Program at Amherst College.

\_\_\_\_\_  
Child 1

\_\_\_\_\_  
Child 2

\_\_\_\_\_  
Child 3

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

### **No! My child cannot swim (without 1:1 supervision):**

I do not give permission for my child(ren) listed below to participate in the JCA Camp Swimming Program at Amherst College, unless there is 1:1 supervision. This means that your child will not be permitted in the pool area unless there is a counselor available to supervise your child 1:1. Non-swimming children will have other supervised options.

\_\_\_\_\_  
Child 1

\_\_\_\_\_  
Child 2

\_\_\_\_\_  
Child 3

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date