

Camper's last name: _____
Camper's first name: _____
Sessions Attending: 1 2 3 4 5 6 7 8 9 10

Immunization and Physical must accompany this form

Each camper is required to have a **Certificate of Immunization** and a copy of their most recent **Physical** on file.
These certificates are due to LINX by May 1st.

Certificates of Immunization must indicate the vaccines that have been administered according to the requirements of the Commonwealth of Massachusetts, including the following:

MMR (Mumps, Measles and Rubella), Polio, DtaP/DTP/DT, Td, Td Booster and Hepatitis B

Please complete the following **AND** submit a copy of your child's most recent physical and immunization record (physicals must be within 24 months of the start of camp).

Health History/Medications

1) Please list all known allergies:

Food Allergies:	Description of Reaction:	Management of Reaction:
_____	_____	_____
_____	_____	_____

Medication Allergies:	Description of Reaction:	Management of Reaction:
_____	_____	_____
_____	_____	_____

Other Allergies (insects, animals etc):	Description of Reaction:	Management of Reaction:
_____	_____	_____
_____	_____	_____

2) Has your child been exposed to any communicable diseases in the past 21 days? ___ No ___ Yes If yes, what? _____

3) Are there any factors that make it advisable for your child to follow a limited program of physical activity (i.e. heart condition, recent fracture, surgery, asthma, etc?) ___ No ___ Yes If yes, what? _____

4) Does your child have any dietary restrictions or modifications*? ___ No ___ Yes. If yes, what? _____

*Please call at least one week prior to program. Special food will need to be provided.

5) Does your child take medications (including over the counter meds & inhalers) on a routine basis? None: _____
Daily: _____
Seasonally: _____
As Needed: _____

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6) Will your child take medications while at Summer LINX? ___ No ___ Yes (If yes, please return the enclosed Medication Form).

7) Any other information you think may be helpful: _____ (use back if necessary)

SIGNATURE of Parent or guardian (or staff if over 18 yrs.) _____ Date: _____