



# Fitzpatrick Collaborative

45 Main Street, Pepperell, MA 01463

## Authorization for Emergency Medical Care

(To be completed by a parent/guardian.)

Recreational Camp Information	
Camp Name:	City/Town:
Child and Parent/Guardian Information	
Child's Name:	Age:
Address:	Date of Birth:
Town:	Gender:
Parent / Guardian Name:	Mobile Phone:
Medical Provider Information	
Primary Care Physician:	Phone:
Dentist:	Phone:
Local Hospital Preference:	Phone:
Health Information	
Please select all that apply:	
<input type="checkbox"/> NONE <input type="checkbox"/> Ear Infections <input type="checkbox"/> Convulsions / Seizures <input type="checkbox"/> Diabetes <input type="checkbox"/> Bleeding Disorders	
<input type="checkbox"/> Asthma <input type="checkbox"/> Other:	
Child requires: <input type="checkbox"/> Inhalers <input type="checkbox"/> Epi-Pen	
Allergies and Required Care: <input type="checkbox"/> NONE <input type="checkbox"/> Yes:	
<p>The Fitzpatrick Collaborative Summer Camp encourages medication be administered at home. <b><u>If your child requires medication at camp, including if they carry an inhaler or epi-pen, you must complete an "Authorization to Administer Medication to a Camper" form.</u></b></p> <p><input type="checkbox"/> I have filled out and submitted an Authorization to Administer Medication to a Camper form.</p>	



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## AUTHORIZATION FOR EMERGENCY MEDICAL CARE

The information provided is accurate so far as I know, and the child described has permission to engage in all prescribed camp activities except as noted. I hereby give permission to the physician selected by the camp to order x-rays, routine tests, and treatment for the health of my child in case I cannot be reached in an emergency. I also hereby give my permission to the physician selected by the camp to hospitalize, secure proper treatment for, order injection, and/or anesthesia, and/or surgery for my child as named above. I further understand I am responsible for any and all costs associated with treatment(s) provided by medical personnel.

### Waiver of Liability

In consideration for the time and facilities being made available to my child, I understand and agree that any staff member of The Fitzpatrick Collaborative and all others connected in any way with the program shall not be liable to me or my child for any claim, actions, lost, damaged or stolen property, suits, damages, or harm that may arise out of the participation of my child at The Fitzpatrick Collaborative Summer Camp. The regular program will run from 9 am until 3:00 pm, extended hours 7:30 am to 6 pm. The staff is responsible for my child only during these hours. I authorize my child to go off The Fitzpatrick Collaborative premises with supervision of camp employees during camp hours. I fully understand that The Fitzpatrick Collaborative is a non-profit organization and agree to pay all camp fees associated with my child's participation. The fees include structured daily activities, special events, arts and crafts, and above else, close supervision of my child. The Fitzpatrick Collaborative Summer Camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local board of health.

## Parent/Guardian Authorization

I have read and understand the authorizations that I have provided above for medications that are administered to my child at camp. I acknowledge receipt of the regulation references below that licensed camps must follow when administering medications at camp.

Parent/Guardian Name:

Signature of Parent/Guardian:

Date: