



**WALTHAM
BOYS & GIRLS CLUB**

GIRLSTART Summer Program Application

Please review the packet making sure all forms have been completed and signed before submitting.

Your application will NOT be accepted until all forms are complete.

Participant Information

Child's Name: _____ Date of Birth: _____ Age on June 25, 2018 : _____

Child's Home Address: _____ City: _____ State: _____ Zip Code: _____

Primary Language: _____ Grade entering Fall 2018 _____

A copy of the child's updated physical and immunization record with the application. Physicals must be conducted within 2 years of the Camp. The immunizations that are required by the Board of Health for your child to participate are listed at the end of this application.

All participants must have a current membership. Participants that are non-members MUST complete a membership application with a fee of \$20.00 in addition to the program tuition. To check the status of your child's membership, please speak to the Membership Coordinator.

If you have any questions or concerns, please feel free to contact the Waltham Boys & Girls Club at (781) 893-6620.

Parents must physically enter the building to drop off and sign out participants. No person will be allowed to pick up child unless they are a parent/guardian or listed on the authorized pick up list. ID's may be checked.

Authorized Pick-up/Emergency Contacts (in addition to parent/guardians)

Name: _____	Name: _____
Relationship to child: _____	Relationship to child: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____ Ext: _____	Work Phone: _____ Ext: _____

Allergies

Seasonal _____ Foods _____ Insect Bites _____ Other _____
Please explain reaction and severity: _____

Medications

Will your child be bringing any medications (including over the counter medications) to camp? **Yes (circle one) No**
If "Yes", please complete a Medication Information Form on next page.

An Individual Healthcare Plan MUST be completed by a physician for children with chronic health conditions.

Medication, Epi-Pen, and Inhaler Administration Form

To be completed for any or all medications that will be brought to and administered at camp.

Please Read: Prescribed medications including epi-pens & inhalers must include the pharmacy label with the Rx number, the name of the medication, dosage, directions for use, and the child or staff's name. Non-prescription medications must be in its original containers, clearly labeled with the child's name and directions for use. All medications must be kept in a designated area. Please complete the following information regarding the appropriate times and dosages of each medication your child will receive at the Waltham Boys & Girls Club (attach additional forms if needed). Please sign at the bottom of the page.

Child's Name: _____

Name of Medication 1						
Why is this medication taken?						
Days Taken (please circle)	M	T	W	Th	F	<input type="checkbox"/> As needed
Times Taken (be specific)	_____ AM	PM	Other _____	Dosage _____		
Are there any additional notes or instructions for this medication?						

Name of Medication 2						
Why is this medication taken?						
Days Taken (please circle)	M	T	W	Th	F	<input type="checkbox"/> As needed
Times Taken (be specific)	_____ AM	PM	Other _____	Dosage _____		
Are there any additional notes or instructions for this medication?						

TYPE OF INHALER		
Location of Inhaler at camp (circle one)		
Health center or designated secure storage	on campers person	with camp counselor
Who can administer inhaler? (circle one)		
Qualified Personal	Camper	

TYPE OF EPI-PEN		
Location of <u>Epi-Pen</u> at camp (circle one)		
Health center or designated secure storage	on campers person	with camp counselor
Who can administer <u>Epi-Pen</u> ? (circle one)		
Qualified Personal	Camper	

I hereby give permission for the Waltham Boys & Girls Club & Girlstart Staff to administer the following medications to my child during his or her camp attendance.

Parent/Guardian Signature _____ Date _____

CHECK-OUT/LATE PICK-UP FEES AND POLICIES

Late Pick Up: Parents will be charged \$1.00 per minute per day per child if child is picked up later than 5:30pm. Every child must be picked up no later than **6:00pm**.

***All late pick up fees after 5:30pm must be paid at time of pick up.**

In the event that a parent has not contacted the WBGC by 6:00pm, we will begin to call the parent’s emergency contact list to arrange pick-up. **If by 6:15pm contact cannot be made to the child’s parent or emergency contacts, it is the policy of the Waltham Boys & Girls Club to call the Department of Children and Family’s Emergency Unit.** Staff members will then follow instructions given by the Department of Children and Family as to what further arrangements are necessary. Parents will be informed to contact the Department of Children and Family for further instructions.

I have read the above and agree with the policy and procedures as stated above.

Parent/Guardian Signature

Date

**Board of Health Required Immunizations for Children
Attending Watch City Summer Camp**

Bring this document with you to your Dr.’s office to be sure your child is up to date.

Written documentation of immunization shall be required for all campers as follows:

- (1) **Measles, Mumps and Rubella (MMR) Vaccine:** A minimum of one dose of MMR vaccine(s) must be administered at or after 12 months of age. A second dose of live measles containing vaccine given at least four weeks after the first, is required. Laboratory evidence of immunity is acceptable.
- (2) **Polio Vaccine:** A minimum of three doses of either inactivated polio vaccine (IPV) or oral polio vaccine (OPV) are required. If a mixed (IVP/OPV) schedule was used, four doses are required.
- (3) **Diphtheria and Tetanus Toxoids and Pertussis Vaccine:** A minimum of four doses of DTaP/DTP/DT or at least three doses of Td is required. A booster of Td is required if it has been more than ten years since the last dose of DTaP/DTP/DT/Td.
- (4) **Hepatitis B:** For all children born on or after January 1, 1992, three doses of Hepatitis B vaccine are required. Laboratory evidence of immunity is acceptable.