



HILL HOUSE - TRANSPORTATION AND RELEASE AGREEMENT – 2016

Circle one: my camper will attend Day Camp / Kiddie Kamp

Camper's name: _____ Age (as of June 13): _____ Date of birth: _____

Child lives with: ☐ Both parents ☐ Mother ☐ Father ☐ Other _____

Are there any custodial arrangements of which we should be made aware? Y/N

If yes, please explain: _____

Mother/guardian's name: _____ E-mail: _____

Home phone: _____ Work phone: _____ Cell: _____

Father's/2nd guardian's name: _____ E-mail: _____

Home phone: _____ Work phone: _____ Cell: _____

In addition to the names above, I hereby authorize the following adult(s) to be contacted and/or pick up my child at camp or at the end of the day in case the above cannot be reached or are unable to pick up the child (must be 18 years old or older).

Alternate pick-up/emergency contact: [other than parent/guardian – please list all available phone #s]

Name: _____ Age: _____ Relationship to child: _____

Home phone: _____ Cell phone: _____ Work phone: _____

2nd Alternate pick-up/emergency contact: [other than parent/guardian – please list all available phone #s]

Name: _____ Age: _____ Relationship to child: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Children are not allowed to walk home on their own without written permission/waiver **and** consultation with the Camp Director. No children under age 12 will be allowed to walk home alone under any circumstances. Those parents who wish to give their 12 year old children permission to walk home from Hill House (i.e., they live within view of Hill House) must complete the Walking Waiver, which must be signed off by Camp Director before child can walk home. All other children must have their parents/authorized adult show their ID & check-out with the staff member on duty.

To be eligible for transportation and/or participation in the Camp program, you agree to the following:

☒ I agree to have an adult meet my child at Hill House. (Please include the adult's name, age, & phone numbers on application form) and that parents/guardians are responsible for supervision and behavior of their children.

☒ I agree that if the person(s) that I have designated to meet my child is not there, then my account I will then be charged \$10.00 per 10 minutes up to 6:00 p.m. At that time, the police will be notified and my child will be brought to the Boston Police Station.

Parents have entrusted us with their most precious possession – their children. We must do all we can to provide them the best care while they are our responsibility. Therefore, the following guidelines are intended to avoid any problems during Family days or at the end of each day.

1. All campers are to be released only to an authorized person. Parents/guardians must complete and sign this form authorizing release of the camper to anyone other than the custodial parent or legal guardian. Identification will be required for release of campers to all authorized persons.
2. Authorized persons are to be directed to the Camp Director to modify to whom their child is released.
3. If a custodial parent requests that a camper not be released to a noncustodial parent, such a request must be in writing.
4. When a last-minute change occurs in who will be picking up a camper, the new written instructions are to be verified with the Camp Director from an authorized person.
5. No camper may leave camp at any time without prior written authorization from the custodial parent **and must sign out with the Camp Director or Senior Staff Designee.**

No-Shows/Absentees: To be sure campers have not unexpectedly disappeared; the following procedures will be implemented if a camper does not appear at a pick-up point or at camp when expected. Campers are to be checked in and out each day on the appropriate roster. Parents are asked to notify the camp if a child is ill or will not be attending as expected. Camp personnel will attempt to call parents/guardians and/or emergency contacts if campers are not signed in as expected.

Enrollment Acknowledgement: Additionally, I acknowledge that I have received and read the Summer Guide and Parent Welcome packet (either online or in print) which pertains to my child's camp experience. I understand all policies and procedures outlined in these documents including (but not limited to) drop-off and pick-up time, medication policies, and what to pack for my child each day.

PRINTED NAME: _____ RELATIONSHIP TO CHILD: _____

SIGNATURE: _____ DATE: _____ (complete side 2)

Camper's Name: _____ **Age (as of June 13):** _____ **Date of Birth:** _____

Vehicle Riding Rules:

Below are the rules all children are required to follow in order to enjoy transportation privileges. All children are oriented to the rules of riding in Camp vehicles before their first trip and regularly throughout the season. Failure to follow these rules results in disciplinary action, which may include suspension or termination of transportation privileges and/or suspension/expulsion from the general camp program.

- Seatbelts must be worn at all times in all vehicles except buses that do not have seat belts
- Remain seated until vehicle has stopped and driver/staff has indicated it is okay to stand
- Keep exit doors clear of blockage
- Behave and do not distract driver
- Arms & legs stay inside the vehicle at all times
- Hands & feet to yourselves at all time (no inappropriate physical contact with other riders)
- No food or drink allowed on vehicles
- No throwing objects out of the vehicle
- Keep backpacks on your lap
- Weapons, drugs, or any other prohibited materials are not allowed and will be confiscated (this includes water guns or other inappropriate toys/possessions).
- Cross in front of bus when told
- Maintain appropriate language & conversation when riding
- Any damage to vehicle is at the cost of the rider
- Riding in a Camp vehicle is a privilege, not a right. Driver has the ability to deny transportation

☒ Additionally, parents/guardians/authorized adults are to be at Hill House at the end of the day by the prescribed time. Failure to do so may result in fines. For those children left more than 30 minutes, we will begin our "Safe Child Policy" procedures (see *A-Z Reference Guide & Welcome Packet for Parents/Guardians*).

☒ Any changes to any authorized persons allowed to pick-up campers, whether temporary or permanent, must be provided in writing.

☒ Staff are not allowed to transport campers in their personal vehicles.

☒ Staff members are not allowed to accept medication unless it is in its original container with instructions and parent/guardian must complete a Medication Authorization Form. Any other medication found with a child will be confiscated, not administered, and returned to the parent/guardian at the end of the day.

☒ We discourage paying camp fees and/or field trip fees in cash unless paid with the front desk personnel, however, if you must pay cash, please request a receipt. Claims of cash payment without receipt cannot be verified or confirmed.

For further information on our Transportation policies, please review our A-Z Reference Guide & Welcome Packet for Parents/Guardians.

PRINTED NAME: _____ **RELATIONSHIP TO CHILD:** _____

SIGNATURE: _____ **DATE:** _____

Media Release

I hereby give permission for images of my child, captured during regular and special Hill House activities through video, photo, and digital camera, to be used solely for the purposes of Hill House, Inc. promotional material and publications, including the organization's website and, and waive any rights of compensation or ownership thereto.

PRINTED NAME: _____ **RELATIONSHIP TO CHILD:** _____

SIGNATURE: _____ **DATE:** _____

Pool Release

I do hereby give permission and approval for my child to participate in the recreational "free swim" sessions to be held at the outdoor pool at The Clubs at Charles River Park, 10 Whittier Place, Boston, MA and/or the outdoor splash pad at the Alford Spray Deck, 280 Charles Street, Boston, MA in connection with his/her enrollment at the summer program sponsored by Hill House, Inc. I/we hereby release, discharge and otherwise indemnify The General Hospital Corporation d/b/a The Clubs at Charles River Park and/or the Department of Conservation and Recreation (DCR) and their employees, officers, trustees and personnel and other agents from and against any loss or claim for injury, death or damage resulting from the named enrollee's participation in such sessions. We understand and acknowledge that The Clubs at Charles River Park and/or DCR are providing the facilities only and that Hill House, Inc. is solely responsible for all programming and supervision.

PRINTED NAME: _____ **RELATIONSHIP TO CHILD:** _____

SIGNATURE: _____ **DATE:** _____



Hill House - CAMPER HEALTH HISTORY - 2016

Circle one: my camper will attend Day Camp / Kiddie Kamp

Camper Name: _____
Last First Middle

☐ Male ☐ Female Birth Date _____ Age on June 13, 2016: _____ Weeks attending _____

Camper home address: _____
Street Address City State Zip Code

Preferred phone 1: _____ Preferred phone 2: _____

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to camper: _____ Cell phone: _____

E-mail: _____ Home phone: _____ Work phone: _____

Home address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to camper: _____ Cell phone: _____

E-mail: _____ Home phone: _____ Work phone: _____

Additional contacts in event parent(s)/guardian(s) can not be reached:

Name: _____ Relationship to camper: _____ Preferred phone: _____

Name: _____ Relationship to camper: _____ Preferred phone: _____

Allergies: ☐ No known allergies. ☐ This camper is allergic to: ☐ Food ☐ Medicine ☐ The environment (insect stings, hay fever, etc.)
☐ Other **Please describe below what the camper is allergic to and the reaction seen.**

Diet, Nutrition: ☐ This camper eats a regular diet. ☐ This camper eats a regular vegetarian diet.
☐ This camper has special food needs. **Please describe below.**

Restrictions: ☐ I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
☐ I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. **Please describe below.**

Medical Insurance Information:

This camper is covered by family medical/hospital insurance. ☐ Yes ☐ No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance company _____ Policy number _____

Subscriber _____ Insurance company phone number (_____) _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to camper: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver, which must be signed for attendance. (PAGE 1/2)

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | |
|---|--|
| 1. Ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath? <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months? <input type="checkbox"/> Yes <input type="checkbox"/> No |
- Please explain "Yes" answers in the space below**, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? ☐ Yes ☐ No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder? ☐ Yes ☐ No
3. During the past 12 months, seen a professional to address mental/emotional health concerns? ☐ Yes ☐ No
4. Had a significant life event that continues to affect the camper's life? ☐ Yes ☐ No

(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Health-Care Providers:

Name of camper's primary doctor(s): _____ Phone: _____
Name of dentist(s): _____ Phone: _____
Name of orthodontist(s): _____ Phone: _____

Medication:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **Medications must be supplied in original pharmacy containers with labels that show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.**

- ☐ This camper will not take any daily medications while attending camp.
☐ This camper will take the following daily medication(s) while at camp: (please list & request Medication Administration Form)

- ☐ I give permission for the staff at Hill House to dispense Tylenol to my child (name) _____ as needed for headaches, earaches, etc.
☐ I wish to be called before my child (name) _____ is given Tylenol.

Immunization History: Provide the month and year for each immunization. Starred (*)immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Diphtheria, tetanus, pertussis (DTaP) or (TdaP)* _____	Tetanus booster (dT) or (TdaP) * _____
Mumps, Measles, Rubella (MMR)* _____	Polio (IPV)* _____
Haemophilus influenzae type B (HIB) _____	Pneumococcal (PCV) _____
Hepatitis A _____	Meningococcal meningitis (MCV4) _____

Varicella vaccine _____ (chicken pox) Had chicken pox ☐ Yes ☐ No Tuberculosis (TB) test _____ ☐ Negative ☐ Positive

Hepatitis B: 1 _____ 2 _____ 3 _____ Hepatitis B Series must be in compliance prior to attendance at camp.

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____

What have we forgotten to ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to camper: _____