

I understand and agree to the following:

- The deposit is non-refundable after March 1st. If a cancellation occurs prior to this date, a refund minus the \$50 Registration fee will be given. If a cancellation occurs between March 1st and May 1st, payments will be refunded minus a **\$150 change fee**. No refund of payment will be given after May 1st.
- All fees are to be paid on or before May 1st unless otherwise agreed upon in writing by the camp.
- I understand the camp does not refund money for any camper who withdraws for any reason, including but not limited to: illness, injury, missed days, violation of camp rules, or change of family plans.
- The camp is "nut free" and I will not send any nut products to camp.
- The Director of the camp reserves the right to dismiss any camper, without refund, who in the Director's judgment violates the camp's rules. These rules will be sent out in the confirmation packet after your application has been processed.
- Permission is granted to publish photos of my child (no names mentioned) in brochures and public relations presentations.
- I give permission to the camp to release my child's name, address and phone number to other camp families.
- Running Brook Day Camp, Inc. is the sponsor and coordinator of all camp activities. The Chapel Hill-Chauncy Hall School is not involved in camp activities or supervision.
- I agree to release, defend and hold harmless Running Brook Day Camp Inc. its officers, directors, and employees, from liabilities on account of injury to my child's body, health, well-being or property, or for any other loss, claim or damage without limitation.

Signed _____ Date _____

This camp complies with regulations of the Massachusetts Department of Public Health (105 CMR 430) and is licensed by the Waltham Board of Health. Information on these regulations can be obtained at 617 -983-6761.

Mail Application, Payment, Health Form , Immunization Record & Bus Sign Up (if applicable) to:

Running Brook Day Camp
P.O. Box 540484
Waltham, MA 02454-0484

PLEASE PRINT THIS **TWO PAGE** FORM AND FILL OUT WITH PEN
APPLICATION, HEALTH FORM, AND CHECK MUST BE MAILED TOGETHER.

Running Brook Day Camp HEALTH FORM
(Filled out by Parent and returned with application)

Camper's Name _____
Birth Date _____
Age (as of June 1) _____ Sex _____

Circle the weeks and program child is attending: 1 2 3 4 5 6 7 8

Circle program camper is attending: Regular Aspen Outdoor

Parent/Guardian _____
Phone(_____) _____ Wk Phone(_____) _____
Address _____
Street & Number City State Zip Code

Second Parent/Guardian _____
Phone(_____) _____ Wk Phone(_____) _____
Address _____
Street & Number City State Zip Code

Additional Emergency Contact (Name) _____
Phone(_____) _____

Cell phone & pager numbers _____

Health History:

(check each item)	Yes	No		Yes	No
Frequent ear aches	___	___	Chicken Pox	___	___
Convulsions	___	___	Measles	___	___
Diabetes	___	___	German Measles	___	___
Bleeding/clotting Disorders	___	___	Mumps	___	___
Hypertension	___	___	Hay fever	___	___
Mononucleosis	___	___	Asthma	___	___
			Allergic reaction	___	___

Details of Allergic Reaction _____

Operations or serious injuries (dates) _____

Disability, chronic or recurring illness _____

Any specific activities to be limited by physician's advice _____

Dietary restrictions _____

Current medications _____

Other diseases or details of above _____

Name of dentist/orthodontist _____ Phone (_____) _____

Name of physician _____ Phone (_____) _____

Date of last physical examination _____

Do you carry medical/hospital insurance? _____ Policy/Group _____

Carrier _____

Suggestions or health-related information for camp personnel _____

All parents should complete this next section:

Do you give Running Brook Day Camp permission to administer the following?

Yes No

- Sunscreen (PABA free)
- Insect Repellant (Spray or Lotion)
- Tylenol or equivalent (for headache or fever more than 101.5 degrees F.)
- Benadryl or equivalent (if stung or for unusual bee sting reaction)
- Benadryl or equivalent (for hives) Administration of this medication will be followed by phone notification by Health Supervisor to parent.

Insect Sting & Allergy Information:

Type of insect: _____ Last stung: _____

Reaction to sting (in detail): _____

Treatment: _____

Will you be providing your child EPI-PEN JR: Yes ___ No ___ (EPI-PEN JR. will be given automatically to prevent anaphylactic shock.)

Asthma:

Last episode: _____ How often? _____

Triggers: _____ Symptoms: _____

Treatment: _____

I hereby certify that the above named camper is in good health and fully able to participate in all activities except those stated above.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Director of Running Brook Day Camp to hospitalize and/or secure treatment for my child.

Date _____

Signature _____

If for religious reasons you cannot sign this, the camp should be contacted for a legal waiver which must be signed prior to enrollment.

To be completed by parents who are bringing medication to camp:

I hereby give permission to the Health Staff of Running Brook Day Camp to administer the following medications to my child:

First Medication:

Name of medication: _____

When to be given: _____

As prescribed by Doctor _____ Phone(____) _____

Any further instructions of medications will be sent in writing to the Health Staff of Running Brook Day Camp.

Signature of Parent: _____

Second Medication:

Name of medication: _____

When to be given: _____

As prescribed by Doctor _____ Phone(____) _____

Any further instructions of medications will be sent in writing to the Health Staff of Running Brook Day Camp.

Signature of Parent: _____