

CAMPER UPDATE FORM

Child's Name: _____

Date of Birth: _____ Grade Child Will Be in Fall of 2018: _____

Address: _____

Home Phone: _____ T-Shirt Size: _____

I _____ confirm that the information provided in my child's(ren's) 2018
(Guardian name)
registration forms are accurate and up-to-date (check all forms that are still up-to-date):

_____ Individual Information (address, interests, allergies, etc.)

_____ General Permissions (field trips, sunscreen, etc.)

_____ Emergency Release (including insurance and physician information)

_____ Contact Information (including emergency contacts)

All campers must have updated Medical Release forms (pages 2 - 6 below.)

Signed: _____ Date: _____

Please use the space below and the back of this form for additional space to list any information you feel would be helpful in caring for your child.

**MERIDEN CONGREGATIONAL CHURCH
COMMUNITY CAMP
“transforming lives as a compassionate community”**

MEDICAL RELEASE FORM

Name of Camper _____ DOB _____

Camper Address _____

Parent/Guardian Name _____

Address _____

Phone: Home _____ Cell _____ Work _____

Parent/Guardian Name _____

Address _____

Phone: Home _____ Cell _____ Work _____

HISTORY OF ALLERGIES:

Circle **None Known** or list below:

Medication Allergies	
Food Allergies	
Environmental/Seasonal	
Other Allergies	

IMPORTANT:

Does the Camper’s allergy profile require an **Epipen**? **YES/NO**

Name _____ DOB _____

MEDICAL HISTORY:

Does the camper have a history of concussion? **YES/NO**

Does the camper have a history of asthma? **YES/NO**

Does the camper have a history of diabetes? **YES/NO**

Does the camper have a history of a seizure disorder? **YES/NO**

Does the camper have a history of a cardiac diagnosis? **YES/NO**

If **YES** was circled in answer to any of the above questions, please explain and include implications for camper's participation in camp activities:

List any other ongoing medical, psychological or behavioral conditions:

List current medication use including dosage, route and frequency:

CONTINUED ON NEXT PAGE

IMMUNIZATION HISTORY: (Please DO NOT attach immunization records.)

I (examiner's name), _____ attest that as of the date listed on the signature line, the Camper has received all vaccinations according to New Hampshire Department of Health and Human Services school entrance requirements as described in the following table, with the following exceptions (Note that lack of compliance with the vaccination schedule may affect the camper's ability to attend the Meriden Congregational Church Community Camp.):

Circle **No Exceptions** or list below

Reason for Exception(s) _____

PLEASE DO NOT ATTACH IMMUNIZATION RECORDS.

Varicella	K-4th Grade 2 Doses ¹	5 th -10 th Grades 2 Doses ²	11 th -12 th Grade 1 Dose ²
DTaP, DT/DTP Td/Tdap	6 years and under: 4 or 5 doses, with the last given on or after the 4 th birthday. 7 years and older: 3 or 4 doses, with the last given on or after the 4 th birthday. 11 years and older: a one-time dose of Tdap when more than 5 years have passed since the last tetanus toxoid-containing vaccine ³ , then boost w/ Td every 10 years. If a child turns 11 on or after the first day of school, he/she must have Tdap prior to the first day of the next school year.		
Polio	Grades K-1st Grade: 3-4 doses with one dose after age 4 and the last two doses separated by 6 months. Grades 2-12: 3 doses, with the last dose given on or after the 4 th birthday. ⁴ Or 4 doses regardless of age at administration.⁴		
MMR	Grades K-12: 2 doses required, with one dose on or after 12 months of age.		
Hepatitis B	Grades K-12: 3 doses at acceptable intervals.		

¹Varicella vaccination or laboratory diagnosis of chicken pox disease required.

²Varicella vaccination or history of chicken pox disease.

³If the child has a medical contraindication to pertussis vaccine, the child shall receive Tetanus diphtheria toxoid (Td) vaccine.

⁴If a combined IPV/OPV schedule was used, 4 doses are always required, even if the 3rd dose was administered after the 4th birthday.

For more information see the following link:

<http://www.dhhs.nh.gov/dphs/immunization/documents/school13-14.pdf>

Name _____ DOB _____

Within the preceding calendar year, I have reviewed the Camper's medical history and body systems, and I have examined the Camper. I make the following assessment of his/her ability to participate in the activities of the Meriden Congregational Church Community Camp:



The Camper may participate with no activity restrictions.



The Camper may participate with the following activity restrictions:

_____NP/PA/MD/DO

Printed Name

Signature

Date

Practice or Organization Name

Address

Phone Number

Fax Number

4 Name_____DOB_____

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IMMUNIZATION WAIVER FORM

I, _____, parent of _____,
understand that my child has not had the following immunizations as required by
the New Hampshire Department of Health and Human Services public school
entrance rules:

I understand that, in the event of a communicable disease outbreak to which my
child is likely not immune (based on immunization and/or disease history), he/she
may be excluded from camp participation until the threat of transmission has
passed. Decisions regarding this time frame will be made in consultation with the
New Hampshire Department of Health and Human Services and/or a medical
provider. The Camp will not refund tuition in the event of lost attendance.