

Hello, Welcome to Celtics Camps!

Please read this document in full as there have been changes to processing paperwork for camp.

YOUR CAMPER'S MEDICAL PAPERWORK IS DUE WITHIN 15 DAYS OF EVENTBRITE REGISTRATION

- **IF REGISTERING AFTER JUNE 1: PAPERWORK IS DUE UPON EVENTBRITE REGISTRATION**

REGISTRATION IS INCOMPLETE UNTIL MEDICAL PAPERWORK IS SENT TO THE CAMPS NURSE AT CELTICSCAMPNURSE@GMAIL.COM

The Massachusetts Department of Public Health has mandated that the following paperwork be on file for each camper.

Please be aware your camper is required to meet the Massachusetts State Requirements for immunization regardless of the state or country your camper is from. Please make sure to fill in each date of each immunization dose if it is not included on the physical form.

Celtics Camps Registration Checklist!

1. _____ "PAGE 1 Personal and Health History Form" completed with the **Camp Location AND Week Attending** clearly noted. (Example: Medford High School, June 28 - July 2) ***REQUIRED***
2. _____ A physical within the past 18 months. ***REQUIRED***
 - If your MD states the physical is only good for a year, (check near your MD's signature) and will expire prior to the date your camper is attending camp then you must have PAGE 2 PERSONAL HEALTH AND HISTORY FORM completed by your camper's MD office and sent along with a current immunization record.
 - This information must be submitted to the camp nurse via celticscampnurse@gmail.com within the required time frame for medical paperwork.
3. _____ Complete immunization record **with every date of each dose of required immunizations documented.** (Unless included on MD physical) ***REQUIRED***
4. _____ Signed Waivers and Releases ***REQUIRED***
5. _____ Signed Camper Pick Up Form ***REQUIRED***
6. _____ AUTHORIZATION TO ADMINISTER MEDICATION (If camper requires rescue meds like albuterol or EpiPen) ***ONLY REQUIRED FOR CAMPERS WITH MEDICATIONS AT CAMP***

Please send electronic copies to celticscampnurse@gmail.com with your camper's physical paperwork and bring all the medication form originals with you on the first day of camp.

If you have any questions, please feel free to e-mail the camp nurse at celticscampnurse@gmail.com

Thank you,
Jamie Benoit, RN, Camp Nurse

PERSONAL HEALTH AND HISTORY FORM

Health Care Recommendations by Licensed Physician:

I have examined the above applicant within the past 18 months. Date examined: _____

In my opinion, the above's condition ___does___does not preclude his/her participation in an activity camp program.

Height: _____ Weight: _____ Blood Pressure: _____

The applicant is under the care of a physician for the following condition(s): _____

Current Treatment (include current medications): _____

Explanation of any reported loss of consciousness, convulsion, or concussion: _____

Does applicant have epilepsy? ___Yes___No Does he/she have diabetes ___Yes___No

Recommendations and Restrictions while at Camp

Any treatment to be continued at camp _____

Any medication to be administered at camp (specific dosages) _____

Any dietary restrictions _____

Any allergies (food, drugs, plants, insects, etc.) _____

Activities to be encouraged or limited _____

Additional health information _____

Licensed Physician's Signature:

Address: _____ Phone: _____

Street & Number City State ZIP

Date of Form Completion: _____ By: _____

*Initial if completed by nurse or assistant

PAGE 3 Required Immunizations: (A MD signed physical with immunizations is acceptable in lieu of this form)

Immunization	Dose	Dose	Dose	Dose	Dose
DTaP 5 doses; 4 doses are acceptable if the 4 th dose is given on or after the 4 th birthday. DT is only acceptable with a letter stating a medical contraindication to DTaP	1.	2.	3.	4.	5.
Tdap (12 years old, and/or 7th grade or older)1 dose; and history of DTaP primary series or age appropriate catch-up vaccination. Tdap given at ≥ 7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule. Td should be given if it has been ≥ 10 years since Tdap.	1.				
Polio 4 doses; 4 th dose must be given on or after the 4 th birthday and ≥ 6 months after the previous dose, or a 5 th dose is required. 3 doses are acceptable if the 3 rd dose is given on or after the 4 th birthday and ≥ 6 months after the previous dose.	1.	2.	3.	4.	
Hepatitis B 3 doses	1.	2.	3.		
Varicella 2doses	1.	2.			
MMR: 2doses; first dose must be given on or after the 1 st birthday and the 2 nd dose must be given ≥ 28 days after dose 1; laboratory evidence of immunity acceptable	1.	2.			

* A reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant or designee.

†Medical exemptions (dated statement signed by a physician stating that a vaccine(s) are medically contraindicated for a student) and religious exemptions (dated statement signed by a student or parent/guardian, if the student is <18 years of age, stating that a vaccine(s) are against sincerely held religious beliefs)

Meningococcal Disease and Camp Attendees: Commonly Asked Questions

What is meningococcal disease?

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue (the “meninges”) that surrounds the brain and spinal cord and cause meningitis, or they may infect the blood or other organs of the body. Symptoms of meningococcal disease may appear suddenly. Fever, severe and constant headache, stiff neck or neck pain, nausea and vomiting, and rash can all be signs of meningococcal disease. Changes in behavior such as confusion, sleepiness, and trouble waking up can also be important symptoms. In the US, about 350-550 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who survive, about 10-20% may lose limbs, become hard of hearing or deaf, have problems with their nervous system, including long term neurologic problems, or have seizures or strokes. Less common presentations include pneumonia and arthritis.

How is meningococcal disease spread?

These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person’s saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing and sneezing.

Who is most at risk for getting meningococcal disease?

People who travel to certain parts of the world where the disease is very common, microbiologists, people with HIV infection and those exposed to meningococcal disease during an outbreak are at risk for meningococcal disease. Children and adults with damaged or removed spleens or persistent complement component deficiency (an inherited immune disorder) are at risk. Adolescents, and people who live in certain settings such as college freshmen living in dormitories and military recruits are at greater risk of disease from some of the serotypes.

Are camp attendees at increased risk for meningococcal disease?

Children attending day or residential camps are **not** considered to be at an increased risk for meningococcal disease because of their participation.

Is there a vaccine against meningococcal disease?

Yes, there are 2 different meningococcal vaccines. Quadrivalent meningococcal conjugate vaccine (Menactra and Menveo) protects against 4 serotypes (A, C, W and Y) of meningococcal disease. Meningococcal serogroup B vaccine (Bexsero and Trumenba) protects against serogroup B meningococcal disease, for age 10 and older.

Should my child or adolescent receive meningococcal vaccine?

That depends. Meningococcal conjugate vaccine is routinely recommended at age 11-12 years with a booster at age 16. In addition, these vaccines may be recommended for children with certain high-risk health conditions, such as those described above. Otherwise, meningococcal vaccine is **not** recommended for attendance at camps.

Meningococcal serogroup B vaccine (Bexsero and Trumenba) is recommended for people with certain relatively rare high-risk health conditions (examples: persons with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency (an inherited disorder), and people who may have been exposed during an outbreak). Adolescents and young adults (16 through 23 years of age) who do not have high risk conditions **may** be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short term protection for most strains of serogroup B meningococcal disease. Parents of adolescents and children who are at higher risk of infection, because of certain medical conditions or other circumstances, should discuss vaccination with their child’s healthcare provider.

How can I protect my child or adolescent from getting meningococcal disease?

The best protection against meningococcal disease and many other infectious diseases is thorough and frequent handwashing, respiratory hygiene and cough etiquette. Individuals should:

1. wash their hands often, especially after using the toilet and before eating or preparing food (hands should be washed with soap and water or an alcohol-based hand gel or rub may be used if hands are not visibly dirty);
2. cover their nose and mouth with a tissue when coughing or sneezing and discard the tissue in a trash can; or if they don’t have a tissue, cough or sneeze into their upper sleeve.
3. not share food, drinks or eating utensils with other people, especially if they are ill.
4. contact their healthcare provider immediately if they have symptoms of meningococcal disease.

If your child is exposed to someone with meningococcal disease, antibiotics may be recommended to keep your child from getting sick.

You can obtain more information about meningococcal disease or vaccination from your healthcare provider, your local Board of Health (listed in the phone book under government), or the Massachusetts Department of Public Health Division of Epidemiology and Immunization at (617) 983-6800 or on the MDPH website at www.mass.gov/dph.

CAMPER PICK UP FORM

I give permission for the following people to pick up

(Camper's Name) _____

at the end of the camp day.

(There must be at least TWO available adults for pickup at all times per COVID regulations for camps).

Name	Relationship to Camper	Phone Number
1.		
2.		

Parent Signature _____

WAIVER, RELEASE AND ASSUMPTION OF RISK

In consideration of the opportunity afforded me to participate on a voluntary basis in various activities, which may include but are not limited to basketball drills and games (the "Activities") at Celtics Camps, on behalf of myself, my personal representatives, heirs, next of kin, successors and assigns, I hereby forever:

1. voluntarily waive, release and discharge Campco JA, LLC, Banner Seventeen, LLC (doing business as the Boston Celtics), Boston Celtics Shamrock Foundation, Inc., the National Basketball Association and its Member Teams, NBA Properties, Inc., and each of their respective officers, directors, unit holders, members, shareholders, agents, parents, subsidiaries, affiliates, successors and assigns (including, but not limited to, any agencies, broadcasters, periodicals or publications) and employees (each in their individual and corporate capacities) (collectively, the "Released Parties") from any and all liability, actions, causes of action or claims for personal injury, death, disability, property theft, property damage or claims of any nature, whether in law or equity, known or unknown, which I may have or which may subsequently accrue to me or my estate as a result of my participation in the Activities; and
2. agree to defend, indemnify and hold harmless the Released Parties from and against any and all actions, causes of actions, claims, demands, liabilities, losses, damages, costs and expenses (including reasonable attorney's fees) arising out of my participation in the Activities, even though the liability may arise out of negligence on the part of the entities or persons mentioned above, or otherwise.

I understand that my participation in the Activities may cause injury or illness, including but not limited to illness related to the novel coronavirus SARS-CoV-2 and any resulting disease (together with any mutation, adaptation or variation thereof, "COVID-19"), and there are certain risks inherent in the Activities that cannot be eliminated regardless of the care taken to avoid such risks. Such risks may include, but are not limited to, (1) the risk of coming into close contact with individuals or objects that may be carrying COVID-19; (2) the risk of transmitting or contracting COVID-19, directly or indirectly, to or from other individuals; and (3) injuries and complications ranging in severity from minor to catastrophic, including death, resulting directly or indirectly from COVID-19 or the treatment thereof. Further, I understand that the risks of COVID-19 are not fully understood, and that contact with, or transmission of, COVID-19 may result in risks including but not limited to loss, personal injury, illness, death, damage, and expense, the exact nature of which are not currently ascertainable.

I also understand that there are potential risks of which I may not presently be aware. I recognize the importance of, and agree to fully comply with, all (1) applicable laws, policies, rules, and regulations; (2) applicable governmental orders, directives, and recommendations; and (3) instructions regarding participation in the Activities, including any health and safety protocols. I certify that I am in good condition and am able to safely participate in the Activities, which may include playing, assisting or otherwise engaging in the sport of basketball as an active participant, assistant or spectator during such special events for which I have volunteered.

I voluntarily elect to participate in the Activities with the knowledge of the potential risks involved in the Activities, and hereby agree to accept and assume full responsibility for and risk of personal injury, death and property damage resulting from my participation in the Activities. I acknowledge that I have read this document thoroughly and am fully aware of the legal consequences of signing below and that I sign the same as my own free act and deed. I agree that if any portion of this document is held invalid, the remainder will continue in full legal force and effect.

Please check one:

_____ I am 18 years of age or older, I have read the foregoing and I fully and completely understand and agree to the contents of it, and I sign the same as my own free act and deed.

_____ I represent that the Participant is a minor, that I am the parent or legal guardian of the minor and that I have read the foregoing, fully and completely understand and agree to the contents of it, and I sign the same as my own free act and deed on behalf of myself and the Participant.

Name of Participant: _____

Name of Parent or Guardian (if Participant is a minor): _____

Relationship to Participant: _____

Email (of Parent or Guardian*): _____

Telephone (of Parent or Guardian*): _____

Address (of Parent or Guardian*): _____

Signature of Parent or Guardian (if Participant is a minor): _____

Signature of Participant: _____

* Enter your own information if you are the Participant and you are 18 years of age or older; enter your own information if the Participant is 17 years of age or younger and you are his or her parent or legal guardian

RELEASE AND AUTHORIZATION FOR USE OF PHOTOGRAPHS, RECORDING(S), AND NAME

For valuable consideration, the receipt of which is hereby acknowledged, in connection with my participation in the Activities, I hereby grant Campco JA, LLC, Banner Seventeen, LLC (doing business as the Boston Celtics), Boston Celtics Shamrock Foundation, Inc., the National Basketball Association and its Member Teams, NBA Properties, Inc., and NBA Media Ventures, LLC, and each of their respective parents, subsidiaries, affiliates, successors and assigns (collectively, the "NBA Parties"), the following worldwide, irrevocable rights in connection with any and all photographs, videos, audio recordings, other recordings and materials provided by me, or taken of me:

1. to use, re-use, publish, and re-publish, without my prior approval, any and all photographs, videos, audio recordings, other recordings and materials provided by me, or taken of me, in whole or in part, individually or in conjunction with other photographs, videos, audio recordings, other recordings or materials, modified or altered, in any medium, manner or form and for any purpose whatsoever, including, without limitation, all promotional, trade and advertising uses;
2. to use my name, voice, biographical material and/or likeness in connection therewith, if any NBA Party so desires; and
3. to copyright such recording(s) in the Boston Celtics name or any other name chosen by any NBA Party.

I represent and warrant that with respect to any and all photographs, videos, audio recordings, other recordings and materials provided by me, I have all necessary rights (including, without limitation, any copyright, ownership and/or exploitation rights) to ensure that the Parties have the unrestricted right to use such recording(s), and such recording(s) do not infringe upon the copyrights, trademarks, rights of privacy, publicity or other intellectual property or other rights of any person or entity.

I hereby waive any right that I may have to inspect and/or approve the finished product of any and all photographs, videos, audio recordings, other recordings and materials provided by me, or taken of me, or the advertising copy that may be used in connection therewith, or the use in which it might apply. Additionally, I waive any right to royalties or other compensation arising or related to the use of such recording(s).

On behalf of myself, my personal representatives, heirs, next of kin, successors and assigns, I hereby waive, release and discharge, and agree to defend, indemnify and hold harmless, the Released Parties and their duly authorized agents from all liabilities, claims (including, but not limited to, any claims for invasion of privacy or defamation), complaints, demands, actions, damages, costs or expenses (including attorneys' fees and costs) of any nature, whether in law or equity, known or unknown, which I may have, or which may subsequently accrue to me or my estate, against any of the Released Parties arising out of or in any way related to the use of such recording(s) as authorized herein.

I agree not to transmit, distribute or sell (or aid in transmitting, distributing or selling), in any media now or hereafter existing, any description, account, picture, video, audio or other form of exploitation or reproduction of the Activities or any surrounding activities (in whole or in part). I also agree not to publicly share any not-otherwise-publicly-accessible information about the Activities or the surrounding activities, by any means, without the Boston Celtics' prior written consent. I will not disclose any such details on the Internet (including blogs, social media sites, or any other website), through any media outlet (including newspapers, magazine, television, radio, or any other media outlet), or via any other medium likely to reach a wide audience.

Please check one:

I am 18 years of age or older, I have read the foregoing and I fully and completely understand and agree to the contents of it, and I sign the same as my own free act and deed.

I represent that the Participant is a minor, that I am the parent or legal guardian of the minor and that I have read the foregoing, fully and completely understand and agree to the contents of it, and I sign the same as my own free act and deed on behalf of myself and the Participant.

Signature of Parent or Guardian (if Participant is a minor): _____

Signature of Participant: _____

* * *

**FOLLOWING PAGE TO BE COMPLETED IF THE PARTICIPANT IS A MINOR (under the age of 18)
OR OTHERWISE SUBJECT TO THE CARE OF A LEGAL GUARDIAN**

**TO BE COMPLETED IF THE PARTICIPANT IS A MINOR (under the age of 18)
OR OTHERWISE SUBJECT TO THE CARE OF A LEGAL GUARDIAN**

As a parent or legal guardian for the above stated Participant, I acknowledge that I HAVE READ AND FULLY UNDERSTAND the above Release and Indemnity Agreement, and I hereby agree to all of its items and adopt the same as my statement on behalf of my minor child or ward. I also hereby give my consent to his or her participation in the Activities. Furthermore, in consideration of the Released Parties permitting the participation of the Participant in the Activities, I hereby agree to indemnify, defend and hold the Released Parties harmless from and against any and all losses, damages, costs or expenses (including attorneys' fees and other costs of defense) which any of them may sustain as a result of, or in connection with, the Participant's participation in the Activities, regardless of whether it arises as a result of injury or loss caused by the negligence or fault of the Released Parties.

Name of Parent or Guardian (Please Print)

Signature of Parent or Guardian

Date

PARENT INFO ON COVID PROCEEDURE FOR CAMP:

Celtics Camp is dedicated to maintaining safety for our campers. Below is some important information on some of the ways we will be working together to maintain the safety of our campers during COVID-19, and ways you can help to assure every camper's and staff's safety.

We will be following all COVID regulations according to the guidelines provided by the Department of Public Health. A complete copy of our COVID Policy is available upon request.

Visitors, including parents will not be permitted into the camp facility.

Masks will not be required, but we recommend campers wear them at parental discretion.

Mask breaks will be provided for campers who wear masks.

Please provide sunscreen for your camper, as supervised mask breaks or lunch may occur outside.

Campers will check in for camp outside of the camp facility.

Please make sure your camper has a refillable water bottle for camp. We will be providing numerous opportunities as needed for the bottle to be refilled but will not be providing water and cups for hygienic reasons.

Please remind your campers:

Not to share food or water bottles

To maintain social distancing when possible

Do not "high five", use elbow bumps instead

To wash their hands with soap and water every time they are in a restroom, prior to meals, and to use the provided hand gel frequently.

The COVID-19 Vaccination is not a required vaccination for camp; however, we are required to maintain documentation of campers have that have been vaccinated for COVID -19, or anyone who has had a positive COVID-19 as part of their health record.

Could you please fill out the following below, and send documentation of the COVID Vaccination or Positive test if it applies to your camper?

Camper Name: _____

Camp Week/Location Date: _____ Camp Location: _____

COVID Vaccination: Yes No

Positive COVID Test:

Date: _____

The following pages are medication permission forms. If you have a camper who receives meds at camp Massachusetts State Law requires that you fill out one form for each med, with ALL the information that we are asking to be included on the form with your signature.

******If you do not have a camper on prescription medications that will be given at camp, you can ignore the following pages. ******

MEDICATION ADMINISTRATION INFORMATION:

Per Massachusetts State Law: Please make sure the meds you send to camp are in original pharmacy labeled boxes with your camper's name, and the directions for administration are legible. We do not accept medication that does not have a pharmacy label.

All parts of this must be filled out.

Please DO NOT write "see Asthma Action Plan" or "see Allergy Action Plan", the completed and signed parent permission forms are required in addition to the Action Plans.

For Inhalers: You must include how many puffs, and how frequently inhalation is to be given per the MD order:

Example: 2 puffs every 4 hours for Shortness of Breath

For Benadryl: You must include the dosage and amount of medication to be given for that dosage

Example: 25 mg, 2 tsp., as needed for mild allergic reaction.

EpiPen: You must include the dosage of the EpiPen

Example: EpiPen Jr 0.15 mg, 1 injection in thigh for anaphylaxis OR

EpiPen, 0.3 mg, 1 injection in thigh for anaphylaxis

The duration of the order is the week of camp from the first day attending to the last day attending.

Please make copies of this form and bring the original with you to camp on the first day your camper attends camp.

Thank you for your anticipated cooperation in this matter.

Jamie Benoit, RN

Camp Nurse

In Reference to the page below:

Health Care Consultant at a recreational camp is a Massachusetts licensed physician certified nurse practitioner or a physician assistant with documented pediatric training. Health Care Supervisor is a staff person of a recreational camp for children who is 18 years old or older and is responsible for the day to day operation of the health program or component, and is a Massachusetts licensed physician, physician assistant, certified nurse practitioner, registered nurse, licensed practical nurse, or other person specially trained in first aid.

AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER (Completed by Parent/Guardian)

Camper's Name: _____ Camper's Age _____

Camper's Food/Drug Allergies _____

Parent Name: _____ Parent Emergency Phone: _____

Parent Home Phone _____ Parent Business Phone: _____

Prescribing Doctor _____

Doctor's phone number _____

Duration of Order: (dates camper will be attending camp) **From** _____ **To** _____

Reason for Medication: _____

Name of Medication _____

Dose of Medication (how many milligrams) _____

Amount of Medication to be given (how many pills, injections or teaspoons) _____

Route Of medication (Circle One): by mouth, by injection in muscle, by inhaler

Frequency: _____

Possible Side Effects or Adverse Reactions _____

Storage Requirements: _____

Location where medication administration will occur: With athletic trainer

I hereby authorize the health care consultant or properly trained health care supervisor at Celtics Basketball

Camp to administer to my child _____
(name of camper)

the medication listed above in accordance with 105 CMR 430.160C and 105 CMR 430.160D

If above medication includes epinephrine injection system:

I hereby authorize my child to self-administer, under supervision of the health care supervisor (circle one): yes no
not applicable

If the above listed medication includes insulin for diabetic management:

I hereby authorize my child to self-administer, under the supervision of a parent with the approval of the health care consultant (circle one) : yes, no not applicable

Signature of Parent/Guardian _____ Date: _____

AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER (Completed by Parent/Guardian)

Camper's Name: _____ Camper's Age _____

Camper's Food/Drug Allergies _____

Parent Name: _____ Parent Emergency Phone: _____

Parent Home Phone _____ Parent Business Phone: _____

Prescribing Doctor _____

Doctor's phone number _____

Duration of Order: (dates camper will be attending camp) **From** _____ **To** _____

Reason for Medication: _____

Name of Medication _____

Dose of Medication (how many milligrams) _____

Amount of Medication to be given (how many pills, injections or teaspoons) _____

Route Of medication (Circle One): by mouth, by injection in muscle, by inhaler

Frequency: _____

Possible Side Effects or Adverse Reactions _____

Storage Requirements: _____

Location where medication administration will occur: With athletic trainer

I hereby authorize the health care consultant or properly trained health care supervisor at Celtics Basketball

Camp to administer to my child _____
(name of camper)

the medication listed above in accordance with 105 CMR 430.160C and 105 CMR 430.160D

If above medication includes epinephrine injection system:

I hereby authorize my child to self-administer, under supervision of the health care supervisor (circle one): yes no
not applicable

If the above listed medication includes insulin for diabetic management:

I hereby authorize my child to self-administer, under the supervision of a parent with the approval of the health care consultant (circle one) : yes, no not applicable

Signature of Parent/Guardian _____ Date: _____

AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER (Completed by Parent/Guardian)

Camper's Name: _____ Camper's Age _____

Camper's Food/Drug Allergies _____

Parent Name: _____ Parent Emergency Phone: _____

Parent Home Phone _____ Parent Business Phone: _____

Prescribing Doctor _____

Doctor's phone number _____

Duration of Order: (dates camper will be attending camp) **From** _____ **To** _____

Reason for Medication: _____

Name of Medication _____

Dose of Medication (how many milligrams) _____

Amount of Medication to be given (how many pills, injections or teaspoons) _____

Route Of medication (Circle One): by mouth, by injection in muscle, by inhaler

Frequency: _____

Possible Side Effects or Adverse Reactions _____

Storage Requirements: _____

Location where medication administration will occur: With athletic trainer

I hereby authorize the health care consultant or properly trained health care supervisor at Celtics Basketball

Camp to administer to my child _____
(name of camper)

the medication listed above in accordance with 105 CMR 430.160C and 105 CMR 430.160D

If above medication includes epinephrine injection system:

I hereby authorize my child to self-administer, under supervision of the health care supervisor (circle one): yes no
not applicable

If the above listed medication includes insulin for diabetic management:

I hereby authorize my child to self-administer, under the supervision of a parent with the approval of the health care consultant (circle one) : yes, no not applicable

Signature of Parent/Guardian _____ Date: _____