



Please Mail or Fax to:  
**Pine Brook Camp**  
 210 Lakeview Road  
 Shutesbury, MA 01072  
 Phone: (413) 367-2643  
 FAX: (413) 367-2140

# Health and Medical Form

This form must be completed in order for campers and staff to attend camp

## GENERAL INFORMATION

Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  Male  Female  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Grade completed (youth only) \_\_\_\_\_  
 Mother (or Guardian) \_\_\_\_\_ Work No. \_\_\_\_\_ Cell No. \_\_\_\_\_  
 Father (or Guardian) \_\_\_\_\_ Work No. \_\_\_\_\_ Cell No. \_\_\_\_\_  
**Emergency Contact – If a parent is not available, please notify:**  
 Name \_\_\_\_\_ Relation \_\_\_\_\_ Cell No. \_\_\_\_\_

## MEDICAL HISTORY

Are you now, or have you ever been treated for any of the following:

Y	N	Condition	Explain	Y	N	Condition	Explain
		Asthma				Sickle cell disease	
		Diabetes				Fainting spells	
		Hypertension (high blood pressure)				Seizures	
		Heart disease (CHF, CAD, MI)				Sleep disorders (sleep apnea)	
		Stroke/TIA				GI problems (abdominal, digestive)	
		COPD				Surgery	
		Ear/sinus problems				Serious Injury	
		Psychiatric/psychological disorders				Chicken Pox	
		Emotional difficulties				Measles	
		Learning disorders (ADHD, ADD)				Mumps	
		Bleeding disorders				Allergies	
		Thyroid disease				Other	
		Kidney disease				Other	

Do you take any MEDICATIONS? YES NO If YES, **A MEDICATION RECORD FORM** must be filled out

Do you have any food allergies or dietary restrictions? Please list: \_\_\_\_\_

Do you receive any special accommodation at school? (ie: 1:1 aide, preferential seating, behavior modifications) If so, please explain: \_\_\_\_\_

## PERMISSION - SIGNATURE REQUIRED

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

- **Authorization for Treatment:** I hereby give permission for the camp nurse to administer medications and treatment for my child as named above, including non-prescription medications for mild illness as well as the prescriptions brought with the child. *In the event I cannot be reached in an emergency*, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, and to order injections, anesthesia or surgery for my child as named above.
- I give permission for the camp counselor to help apply sunscreen on my child's back where they cannot reach, as well as bug repellent when needed
- I give permission for the camp to take pictures and video of me/my child to use for promotional material, website and camp related social media posts.

Signature of parent or guardian or adult camper or staff \_\_\_\_\_

\_\_\_\_\_ Date

# PHYSICAL

Under Massachusetts State Sanitary Code (105 CMR 430.151), **all campers and full-time staff at residential, travel, sports, or trip camps must submit a report of a physical examination conducted within the preceding 18 months**, prepared and signed by a licensed healthcare provider, along with a health history and immunization certificate.

## Camp Specific Immunization Checklist

based on the Massachusetts Department of Public Health (DPH) requirements and Massachusetts State Sanitary Code (105 CMR 430.152).

### ✦ Required for All Campers and Full-Time Staff

📅 Physical exam must be within the past 18 months per 105 CMR 430.151

● No camper or staff may attend without completed health forms

### ✓ Required for All Campers and Staff (per age group)

Vaccine	Requirement	Campers Under 5	Ages 5–11	Ages 12–17	Ages 18+ (Staff)
DTaP / Tdap / Td	Diphtheria, Tetanus, Pertussis	4 doses DTaP	5 doses DTaP	5 doses DTaP + 1 Tdap	1 Tdap within last 10 years
Polio (IPV/OPV)	Polio	3 doses	4 doses	4 doses	3–4 doses
MMR	Measles, Mumps, Rubella	1 dose	2 doses	2 doses	1–2 doses or proof of immunity
Varicella	Chickenpox	1 dose	2 doses	2 doses	1–2 doses or proof of immunity
Hepatitis B	HBV	3 doses	3 doses	3 doses	3 doses
Hib	Haemophilus influenzae type b	Required <5 years	✗	✗	✗
MenACWY (Meningococcal)	Required if staying overnight and entering 7th–10th grade	✗	✗	1 dose (if entering grades 7–10 and sleeping at camp)	✗

### 📌 Additional Notes

- **Proof of Immunity** may be accepted in place of some vaccines if documented by a licensed provider (e.g., blood titer or confirmed disease history for varicella).
- **Religious/Medical Exemptions** must be accompanied by submitted in writing and signed by parent/guardian, if a minor, stating they are in good health and a general reason for the objection.

Please fill out and sign **HEALTH HISTORY** (front side of this form) and attach a copy of **IMMUNIZATION RECORDS** and most recent **PHYSICAL** and return to Pine Brook Camp.