



Terrier Vacation Programs  
February & April 2019

December 2018

Dear Parent/Guardian,

Thank you for registering your child for the Terrier Vacation Program! Attached you will find 2 forms that must be filled out in their entirety and returned to me as soon as possible. The forms for both the February and April Terrier Vacation Programs are due by Friday, February 1, 2019. If your child is enrolled in multiple days, you only need to submit the forms once for your child.

Completed forms can be emailed to [bucamps@bu.edu](mailto:bucamps@bu.edu) or mailed to:

BU Fitness & Recreation Center  
Department of Physical Education, Recreation, and Dance  
Attn: Barbara Green-Glaz  
915 Commonwealth Avenue  
Boston, MA 02215

**Please note, your child's enrollment is not complete until we have received these forms.**

Should you have any questions, please do not hesitate to contact me at: (617) 353-0686 or by email at: [bucamps@bu.edu](mailto:bucamps@bu.edu).

Thank you once again for selecting the Terrier Vacation Program!

Sincerely,

*Barbara S. Green-Glaz*

Barbara S. Green-Glaz  
Manager, Family Programming

### Emergency Information Form

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Physical Limitations, if any: \_\_\_\_\_

Medications \_\_\_\_\_

Will any of these medications need to be kept or administered at camp? **Yes** **No**

Parent/Guardian \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Office Phone \_\_\_\_\_

Office Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Insurance Provider \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_

Please provide the names of **two** persons who would assume responsibility for your child if you cannot be reached, **including permission to take your child from the program.**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

The following must be read and signature required:

In the event of an emergency, permission is granted for the administration of emergency first aid by the Terrier Vacation Program staff, and in the case of a serious accident, when the parent(s) is not available, permission is granted to take the child directly to Boston Children's Hospital at 300 Longwood Avenue, Boston, MA.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date



### Permission and Release Form

Name of Child \_\_\_\_\_

I give permission for my child to walk over to the Case Center's Walter Brown Arena for recreational ice skating during the Terrier Vacation Program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I give permission for photographs and/or video recordings of my child to be taken by staff members as part of the Terrier Vacation Program, at the discretion of the Manager of Family Programming. These photographs and/or video recordings may be used for promotional purposes in future publications. I waive the right to any remuneration for such picture taking and/or voice recording.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Health Information Form

**\*If your pediatrician provides their own form, we can accept that in place of this form\***

Name of Child \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

---

**\*\*The remainder of this form needs to be filled out by your child's physician\*\***

1. Has this child had a complete health assessment this year including medical history, physical examination, blood pressure, urinalysis, T.B. test, vision and hearing, and blood tests if appropriate?    **Yes**    **No**

2. Is this child able to participate in all physical activities without limitations?    **Yes**    **No**

If no, please explain: \_\_\_\_\_

3. Has this child received all immunizations appropriate to his or her age?    **Yes**    **No**

Date of last Tetanus Booster \_\_\_\_\_

4. Does this child have significant health, emotional, or developmental problems that the staff should know about?    **Yes**    **No**

If yes, please explain: \_\_\_\_\_

5. Are there any known food or drug allergies?    **Yes**    **No**

If yes, please explain: \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Office Telephone \_\_\_\_\_

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Please provide a copy of the child's immunizations records\*\***