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 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.

Thank you once again for selecting the Terrier Vacation Program!

Sincerely,

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**