Emergency Information Form

Name of Child ____________________________________________________         Age ______________________

Grade Entering in Sept. 2022__________ Physical Limitations, if any: _________________________________________

Describe any special needs your child may have and/or any special services your child receives at school _____________
__________________________________________________________________________________________________

Medications________________________________________________________________________________________
Will any of these medications need to be kept or administered at camp?  Yes  No
Please fill out the Authorization to Administer Medication to a Camper (see document after Health Information)

Parent/Guardian________________________________
Cell Phone_____________________________________
Home Phone ___________________________________
Office Phone ___________________________________
Email _________________________________________

Parent/Guardian________________________________
Cell Phone_____________________________________
Home Phone ___________________________________
Office Phone ___________________________________
Email _________________________________________

Please also provide the name, phone number, and address of three other individuals we can contact in case of an emergency if you cannot be reached. These individuals should be able to assume responsibility for your child and are granted permission to take your child from camp, if necessary.

1. Name __________________________________________ Primary Phone _________________________________
   Secondary Phone _________________________________ Relationship ___________________________________

2. Name __________________________________________ Primary Phone _________________________________
   Secondary Phone _________________________________ Relationship ___________________________________

3. Name __________________________________________ Primary Phone _________________________________
   Secondary Phone _________________________________ Relationship ___________________________________

In the event of an emergency, permission is granted for the administration of emergency first aid by the Fitness and Recreation Center staff and, in the case of a serious accident when the child’s parents are not available, permission is granted to arrange to take the child directly to an appropriate hospital.

Signature of Parent/Guardian ______________________________________   Date ___________________________

Name of Parent/Guardian (Print) ___________________________________
Health Information Form

*Please Note: A physical examination of the camper must have been conducted during the preceding 18 months.*

*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

**Please provide a copy of the child’s immunization records.**

**PLEASE INCLUDE CONFIRMATION OF COVID VACCINATION WITH IMMUNIZATION RECORDS**

**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 their age? 
   - Yes _____
   - No _____

4. Does this child have significant health, emotional, or developmental problems that the camp 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 ________________________________

Office Address ____________________________________________________________

City ________________________________  State _________  Zip code __________________

Doctor’s Signature ________________________________  Date __________________________
Permissions and Releases

Name of Child ____________________________

I give permission for my child to go on field trips/special events sponsored by the Department of Physical Education, Recreation, and Dance during Camp Terrier.

Parent/Guardian Signature ____________________________ Date ____________________

Parent/Guardian Name (Print) ____________________________

I give permission for photographs and/or video-audio recordings of my child to be taken by staff members during Camp Terrier and to be used for promotional purposes in future publications.

Parent/Guardian Signature ____________________________ Date ____________________

Parent/Guardian Name (Print) ____________________________

I give permission for the Camp Terrier staff to assist my child as he/she applies sunscreen and lip balm or to ensure that my child applies their own sunscreen and lip balm as needed.

Parent/Guardian Signature ____________________________ Date ____________________

Parent/Guardian Name (Print) ____________________________
Drop-off / Pick-up Authorization

All children **15 years of age and under must be accompanied by an adult within the Fitness and Recreation Center at all times.** An authorized adult must accompany their child into and out of the building.

The following people are authorized to either drop-off or pick-up my child from Camp Terrier. **Please include yourself on this list!** Should there be any changes to this list, please notify the camp staff in writing as soon as possible. These people will be required to present picture identification before any child will be released.

Child’s Name _______________________________________________________________________________________

1. Name_____________________________ Relationship __________________ Tel________________________
   Address________________________________________________________________________________________

2. Name_____________________________ Relationship __________________ Tel _______________________
   Address________________________________________________________________________________________

3. Name_____________________________ Relationship __________________ Tel _______________________
   Address________________________________________________________________________________________
Camp Terrier Code of Conduct

Our staff at Boston University Camp Terrier wants to ensure that every camper has an enjoyable and safe experience at camp. In order to do so, every camper must act in an appropriate and respectful manner at all times. Campers are responsible for following these specific guidelines.

DO:

1. Be respectful of others - this includes other campers and all staff members.
2. Follow directions and listen carefully.
3. Use appropriate and polite words.
4. Keep your hands and feet to yourself.
5. Take turns and share with others.

DO NOT:

1. Bully or tease other campers - Camp Terrier has a zero tolerance policy for bullying.
2. Steal or damage anyone else’s property.
3. Put any other camper or staff member’s health and/or safety at risk.
4. Exhibit violent, disruptive, or inappropriate behavior.
5. Bring any valuable personal items - cell phones, iPads, trading cards, etc. are not allowed at camp.

IF A CAMPER FAILS TO FOLLOW THE RULES:

1. A counselor will remind the camper to be respectful of the guidelines that are in place.
2. If the camper continues to act inappropriately, their counselor will discuss the behavioral issues with the Assistant Camp Director or Camp Director. In addition, the incident(s) will be documented in the daily communication log and discussed with the parent/guardian.
3. If the problem persists following a discussion with a parent/guardian, a member of the Senior Camp Staff may find it appropriate to make a phone call and have the camper get picked up early.
4. If the camper’s behavior puts anyone’s safety at risk, the camper’s parent/guardian will be immediately notified and expected to pick up their child at that time.

These rules are important to ensure a positive camp environment for all. If any camper has difficulty following these rules, they are subject to removal from camp.

It is the responsibility of the parent/guardian to review and discuss the Camp Terrier Code of Conduct with their child.

I have reviewed the Camp Terrier Code of Conduct with my child. We understand that failure to abide by these rules may result in disciplinary action and/or removal from the camp program.

Parent/Guardian Signature ____________________________________________ Date ______________________

Parent/Guardian Name (Print) ________________________________________
Paperwork Checklist

ALL CAMP FORMS ARE DUE MONDAY, MAY 2, 2022. Completed forms may be submitted via email to: bucamps@bu.edu.

- Emergency Information
- Health Information Form [must be dated within the last 18 months]
- Immunization Records [must include COVID-19 vaccines]
- Authorization to Administer Medication to Camper (if applicable)
- Permission and Release Form
- Drop-Off/Pick-Up Authorization Form
- Camp Terrier Code of Conduct

Camper Checklist

- Medication (must be accompanied by paperwork from the child’s physician and Authorization to Administer medication)
- A healthy lunch (glass bottles are not allowed)
- Two snacks (one for the morning & one for the afternoon)
- Properly Fitting Face Mask [Please Note: Gaiters, bandanas, scarves & masks with exhalation valves are not permitted]
- Refillable Water bottle
- Socks & sneakers (flip-flops are not allowed)
- Appropriate athletic clothing
- One-piece bathing suit (Tankinis are not permitted)
- Towel (and a plastic bag to store the wet suit/towel)
- Goggles & Swim cap
- Sunscreen & Hat (for sun protection when outdoors)
- Shoes with backs for sailing (should be able to get wet)
- Sweatshirt (building can get chilly when campers are wet from swimming)

As a reminder, please be sure that all of your child’s belongings are clearly labeled. Also, please do not send your child to camp with money, as they are not allowed to buy food or drinks from vending machines. Please do not allow your child to bring any valuables to camp. Thank You.

This camp must comply with regulations of the Massachusetts Department of Public Health (105 CMR 430.000) and be licensed by the City of Boston Board of Health.