

Camper Name:

Date Attending:

Session (please circle): AM or PM



# Young Mariner Waiver Packet

Please complete and send the following:

- Health Form
- Medical Waiver
- Permission to Participate
- Immunization Records

No camper can remain at camp or participate without the completion of these forms and immunization records.

You can scan and email a copy of these forms to [camp@capecodmaritimemuseum.org](mailto:camp@capecodmaritimemuseum.org), or mail them to:

Cape Cod Maritime Museum

Attn: Young Mariner Program

135 South Street

Hyannis, MA 02601

Camper Name:

Date Attending:

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# Young Mariner Health Form

Participant Name:

Participant Date of Birth:

### Health History (Check all that apply)

- Asthma/ Shortness of Breath
- Back/Joint Problems
- Chest Pain
- Diarrhea
- Diabetes
- Fainting or Dizziness
- Menstrual Issues
- Glasses or Contacts
- Headaches
- Hospitalized
- Recent Infectious disease
- Recent Injury
- Recurrent/Chronic Illness
- Seizures
- Skin Problems
- Surgery
- Left the country in the past 9 months
- Had Mononucleosis in the Past 12 months
- Other

Explain each checked item:

Important: Please notify the camp if participant is exposed to any communicable diseases during the two weeks prior to camp.

### Allergies & Medications

1. Is the participant allergic to foods? If yes, list and describe reaction.

2. Is the participant allergic to medications? If yes, list and describe reaction.

3. Is the participant allergic to the environment? (insect stings, hay fever, etc.) If yes, list and describe reaction.

4. Does the participant take medications on a routine basis? If yes, describe.

5. Non-prescription medications and sunscreen may be stocked by the camp/program and are used on an as needed basis to manage illness and injury. List any non-prescription medications or sunscreen that the participant should not be given.

6. Please list any medications the participant will be bringing to camp. All medications must be unexpired and in original containers per the MA Dept. of Public Health. (Attach additional pages if necessary)

### Mental, Emotional, and Social Health

- Been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)?
- Seen a professional to address mental, emotional, or behavioral health concerns or an eating disorder?
- Experienced significant homesickness?
- Speak a language other than English as their first language?
- Had a significant life event ? (death of a loved one, family change, adoption, foster care, new sibling, etc.)

Please explain any checked boxes:

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### Restrictions

List any camp activities in which the camper may not participate:

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**Immunizations** Please attach and provide us with a certificate of immunization for the participant. If the participant is not immunized due to religious beliefs or for any other reason please contact us about a waiver.

**Health Care Providers & Insurance**

Health Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Practice: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance carrier/ Plan Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

**Medical Waiver and Authorization (agreement is required for participation):**

**Medical Release:** This health history is correct and accurately reflects the known health status of the named camper. The camper described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to camp staff to provide routine health care; to apply sunscreen; to administer prescribed or over-the-counter medications as described; and to provide or obtain emergency care and transportation for the camper if needed. I give permission to the physician selected by the camp to order x-rays, tests, and treatment related to the health of my child both for routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order and administer medication, injection, anesthesia, X-rays, special procedures, or surgery for this child, if deemed medically necessary. I understand that I am responsible for the cost of any medical care or prescriptions my child requires. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I understand that information on this form will be shared on a "need to know" basis with camp staff.

**Medications:** Pursuant to Massachusetts law and Cape Cod Maritime Museum policy, I authorize Cape Cod Maritime Museum's designated healthcare staff to administer as listed above Medications At Camp and Asthma or Allergy Emergency Medications, as directed, to my child for whom it was prescribed. I understand that all medications at camp must be approved by the camp's off-site healthcare consultant, seen and checked by the camp's health supervisor, and each dose monitored by a camp staff member. I understand that all medications must be in their original containers, unexpired, and labeled with specific instructions, including the child's name and dosage, and that any prescription medications must include the full pharmacy label.

**Insurance:** I certify that the named camper is covered by health and accident insurance or Medicaid and that the policy information given is correct .

\*The full camp health policy is available to parents/ guardians upon request.

I, the parent/legal guardian of the named camper. Have read, understood, and agree to the above.

Signature of Custodial Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Camper Name:

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## Code of Conduct:

While participating in the Young Mariner Program, campers will not participate in the below actions and/or behaviors. Violation of these rules may result in immediate action and possible dismissal from the program. If dismissed from the camp, transportation home will be responsibility of the parent or guardian. The following offenses may result in the parents/guardians being notified and the camper being sent home immediately at the parents'/guardians' expense: Possession or use of any tobacco products– Possession or use of any illegal drugs or alcoholic beverages– Theft, misuse, or abuse of public or private (including camper's and employee's) property– Sexual misconduct– Fighting– Unauthorized possession of weapons, ammunition, or fireworks–Unauthorized absence from premises of the event– Breaking curfew, or disturbing the peace– Unexcused absence from the activities of the week, or from the group assigned– Unauthorized use of vehicles during the program–Willful disobedience or disrespect for my counselors, other adults, or other campers and/or inappropriate language.

I have read the above Code of Conduct and I agree to follow these rules while at camp.

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I agree that my child will uphold this Code of Conduct and that their actions could result in dismissal.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Permission to Participate:

I give permission for my camper to participate in all camp program activities similar to those described on the website, promotional material, or in the info packet. This includes activities in and around salt and freshwater and on board Cape Cod Maritime Museum vessels that will depart from museum property. I understand that Cape Cod Maritime Museum reserves the right to change program activities or instructors and cancel programs, should Cape Cod Maritime Museum decide in its sole judgement that it is necessary and appropriate to do so.

1. I fully recognize and understand that there are inherent risks involved with these activities. These risks include but aren't limited to physical injury, emotional distress from falling, drowning, disease, exposure and contact with wild creatures (insects, marine life, sharks, jellyfish etc.) , injury from equipment, and the actions of other participants.
2. I voluntarily assume full responsibility and liability for any risk of loss, property damage or personal injury, including death, which may be sustained by my child as a result of his/her participation and expressly agree that Cape Cod Maritime Museum, its employees, agents and representatives shall not be liable for damage to or for the loss of any personal property.
3. I do hereby consent and agree to allow Cape Cod Maritime Museum the use of my child's image or in photographs, videos, or audio for educational purposes or promotional purposes, including posting on the Internet. I agree that the use herein may be without compensation to me or my child.
4. I hereby release, waive, and discharge Cape Cod Maritime Museum and its Board, its officers, agents, employees and representatives from all claims, demands, liabilities, rights and causes of action that are related to the inherent risks associated with the activities listed above and that may result from or occur during my child's participation in this CAMP/ PROGRAM. I also agree to indemnify and hold harmless the MUSEUM for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my, or my child's negligent or intentional act or omission while participating in this CAMP/PROGRAM.

I HAVE CAREFULLY READ THIS PERMISSION AND RELEASE OF LIABILITY AND HAVE HAD SUFFICIENT TIME TO SEEK EXPLANATION OF THE PROVISIONS CONTAINED ABOVE. AFTER CAREFUL CONSIDERATION, I CONSENT TO THE PARTICIPANT TAKING PART IN THE ACTIVITY(S) DESCRIBED ABOVE AND SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT ANY INDUCEMENT.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_