



GORDON LACROSSE

Sunscreen Permission Form

Name of Child: _____

As the parent/guardian of the child listed above, I understand that too much exposure to sun and UV rays could increase the risks of developing skin cancer and other serious health issues. Since the activities at 3d New England Gordon Lacrosse Camp will take place in outdoors as well as in aquatics related activities, we strongly recommend adherence to the sunscreen policy:

1. Campers should wear SPF 15 or higher on all exposed skin while participating in camp activities.
2. Parents are responsible for applying sunscreen prior to the start of camp each day, as well as providing their camper with enough sunscreen to be reapplied throughout the day. Children will not be allowed to use or share sunscreen products.
3. If a child runs out of their sunscreen at any time during camp, they are allowed to use the sunscreen that Gordon Lacrosse Camp staff is provided with.
4. Staff and camp administrators will regularly remind campers to apply sunscreen, and will be responsible for ensuring that time is given to campers for reapplication following all water-related activities.

I verify that I have read and understood the above, and agree to comply with all aspects of the 3d New England Gordon Lacrosse Camp Sunscreen Policy.

Camp staff and administrators can assist my child (if needed) with the application of sunscreen:
_____ Yes _____ No

Parent Signature: _____

Print Name: _____ Date: _____

camper last name

camper first name

Camper Pick-up Release Form

To better ensure the safety of each camper, we are asking that all parent/guardians fill out this Pick-Up Release Form. We realize that there may be times when someone other than yourself will be picking up your child from camp. If the person coming in is not on the list, we will not release your child to that person. ****We reserve the right to deny release to any person who does not have a valid picture ID.**

Furthermore, any parent has the right to review staff background checks, health care documents, discipline policies, and grievance procedures upon request.

If you have any questions, please call the Gordon College Athletic Department at 978-867-4835

Please list all people, **including yourself**, who are allowed to pick up your child.

Name (print names)

1. _____

2. _____

3. _____

4. _____

5. _____

Parent/Guardian Signature:

Emergency Contact Form



GORDON
COLLEGE

Sport: _____

(Camper Last Name)

(Camper First Name)

Person to be notified in case of injury:

Last Name _____ First Name _____

Relationship _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Pager () _____

Physician to be notified in case of injury:

Last Name _____ First Name _____

Address _____ City _____ State _____

Work Phone () _____ Zip _____

Dentist to be notified in case of injury:

Last Name _____ First Name _____

Address _____ City _____ State _____

Work Phone () _____ Zip _____

For your safety and our records, please answer the following questions in detail.

Do you have medical insurance? Yes _____ No _____

Name of Insurance Company _____

Address _____ City _____ State _____

Policy # _____ Zip _____

Consent is hereby given for the applicant to attend Gordon College Camp and, in case of an emergency, permission is given to the camp instructors to secure proper medical care.

I understand and accept the condition that neither Gordon College nor anyone associated with Gordon Athletic Camps will assume any responsibility for accidents and medical or dental expenses incurred as a result of participation in the programs.

Date

Signature of Parent or Guardian

Gordon College Fighting Scots

Summer Camp Health History Form



A health history is required by the Massachusetts Department of Public Health for all summer camp staff and campers. Please know that we value your privacy. Information provided is available only to the camp director and camp health staff.

Please check all that apply to you and your health history:

- | | |
|--|---|
| <input type="checkbox"/> 1. Recent injury, illness or infectious disease | <input type="checkbox"/> 15. Measles |
| <input type="checkbox"/> 2. Chronic or recurring illness | <input type="checkbox"/> 16. German measles |
| <input type="checkbox"/> 3. Asthma/Wheezing/Shortness of Breath | <input type="checkbox"/> 17. Mumps |
| <input type="checkbox"/> 4. Homesickness | <input type="checkbox"/> 18. Tuberculosis |
| <input type="checkbox"/> 5. Frequent ear infections | <input type="checkbox"/> 19. Hepatitis |
| <input type="checkbox"/> 6. Seizure disorder or convulsions | <input type="checkbox"/> 20. Joint problems (knees, ankles) |
| <input type="checkbox"/> 7. Dizziness during or after exercise | <input type="checkbox"/> 21. Fractures |
| <input type="checkbox"/> 8. Chest pain during or after exercise | <input type="checkbox"/> 22. Frequent headaches |
| <input type="checkbox"/> 9. Heart defect/disease | <input type="checkbox"/> 23. Head injury |
| <input type="checkbox"/> 10. Hypertension | <input type="checkbox"/> 24. Eating disorder |
| <input type="checkbox"/> 11. Bleeding/Clotting disorders | <input type="checkbox"/> 25. Diarrhea or constipation |
| <input type="checkbox"/> 12. Diabetes | <input type="checkbox"/> 26. Frequent stomachaches |
| <input type="checkbox"/> 13. Mononucleosis (in last 12mos) | <input type="checkbox"/> 27. Wears glasses or contacts |
| <input type="checkbox"/> 14. Chicken pox | <input type="checkbox"/> 28. Been hospitalized |
| | <input type="checkbox"/> 29. Wear a Medic Alert ID |

Please list the number and provide explanation for any checked items:

Parent/Guardian Signature

Print Name

Date