

Buckingham Browne & Nichols Summer Day Camp Camper Medical Emergency Information

For the safety of our students, BB&N Summer Camp requires that all campers have the following information on file. Please return a completed form for *each* camper.

In order to ensure the quickest receipt of this document, please return to:

*BB&N Summer Day Camp, Attn: Summer Camp Director, Buckingham Browne & Nichols School, 80
Gerry's Landing Road, Cambridge, MA 02138
Phone: 617-800-2195 Fax: 617-492-0102*

Camper

First Name	Middle	Last	Birth date	Grade
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Address

Number and Street	City	State	Zip
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Parent/Guardian

First Name	Last Name	Relationship	Home Phone	Business/Cell Phone
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Parent/Guardian

First Name	Last Name	Relationship	Home Phone	Business/Cell Phone
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Name(s) of persons to be contacted if parents cannot be reached:

First Name	Last Name	Relationship	Home Phone	Business/Cell Phone
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First Name	Last Name	Relationship	Home Phone	Business/Cell Phone
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Authorization for Treatment

Please read, complete, and sign the following: *I understand that in the event of a medical emergency, all reasonable efforts will be made by the School personnel to contact the student's parent/guardian or designee. When such communication shall fail, or when delay would endanger the life of the student, I authorize appropriate personnel of BB&N to administer and/or secure emergency treatment for the student, including hospitalizations. I also grant permission for medical information relevant to the student's health and safety to be released on a need-to-know basis.*

Health Insurance:	Policy Number:
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Physician's Name:	Physician's Phone:
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Dentist's Name:	Dentist's Phone:
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Medical Problems: _____

Allergies: _____

Current Medications: _____

Date of last physical exam:	Date of last tetanus shot:
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Signature of Parent/Guardian	Date
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