



At Amherst College,
Stanford University
and Historic Williamsburg

AMHERST PROGRAM INFORMATION PACKET

Welcome to the Great Books Summer Program 2010!

We are looking forward to exploring great books and big ideas with you this summer. This information packet has been assembled to help you prepare for the program. We ask that you complete and sign the Form Pages at the end and return them to us as soon as possible, but **no later than May 1st**. You may either fax them to us at 203-255-0675 or mail them to Great Books Summer Program, 79 Sanford Street, Fairfield, CT 06824.

IMPORTANT NOTE: *The State of Massachusetts is requiring our students to submit a report of a physical examination given within the last 24 months, as well as a Certificate of Immunization.* If you experience a delay in getting the physical exam report or Certificate of Immunization, please return the other forms to us while you are waiting, so we may begin processing them.

We have also provided a packing list, directions to the campus, and our General Information enclosure, which we encourage you to read closely for the answers to many commonly asked questions. If you still require assistance after reviewing this material, please do not hesitate to call us at (866) 480-7323.

We are looking forward to another exciting summer of great books. We know you are going to have a wonderful time!

Sincerely,

Paula Abate
Program Director

Great Books Summer Program
79 Sanford Street, Fairfield, CT 06824

Toll-free Phone: 866-480-7323 Fax: 203-255-0675

GENERAL INFORMATION

Check-in and check-out: Participants should plan to **arrive between 3 and 5 pm** on Sunday, and should plan to **depart the campus at 11 am on Saturday**. Please note that we do not have the facilities or personnel to accommodate early arrivals or late departures.

Closing Ceremony: At the end of each session we will have an informal closing ceremony to express our appreciation to each participant, hand out awards and say our goodbyes. The ceremony will be held on Saturday at 9:15 am, and will conclude at 10:30 am. Parents who will be picking up their children are encouraged to attend the Closing Ceremony. The location of the Closing Ceremony will be provided to you at check-in. If your child is leaving for the airport early, he or she will be given a graduation certificate in advance.

Valuables: The Great Books Summer Program cannot be responsible for lost or damaged personal possessions. We recommend that no valuables, such as jewelry, handheld electronics or music players, be brought to campus.

Spending money: Your child will not require any money while at the program, however, they are welcome to bring money for buying souvenirs or a snack at the college store. If you choose to provide your child with more than \$40, we recommend that the additional funds be provided in the form of traveler's checks or other secure instrument.

Reading materials: The Great Books Summer Program will supply all reading materials during the course of the program. No advance reading is required.

Emergency numbers: We will distribute on-campus emergency contact information at check-in. Below is the number for the campus police, who can also be contacted if a student must be located immediately:

Campus Police
Amherst 413-542-2291

To ask general questions or to leave a non-urgent message during regular business hours, please call our office weekdays between 9 am and 5 pm Eastern time: (866) 480-7323

Medical Care:

- The nearest medical facility is the University of Massachusetts infirmary, which is just a few minutes away and is open from 8 am to midnight (413-577-5000). The nearest hospital is Cooley-Dickinson Hospital in Northampton, Massachusetts, 9 miles away. (413-582-2000) The Great Books Summer Program has also contracted with a local Amherst physician who will be on call to provide emergency medical care to any student should the need arise. **(Amherst Pediatrics 413-253-3773)**

Safety and Security:

- For your child's protection, access to the dorm at Amherst is electronically-controlled.
- All staff members have been thoroughly vetted, including a background check performed by an independent agency.
- Our well-trained Program Assistants are drawn from among the finest students at our nation's best colleges and universities. In past years our staff has hailed from Stanford, Dartmouth, Columbia, Yale, Northwestern, and Harvard. Program Assistants supervise students for their entire stay and are each assigned to lead a "pod" -- a group of 6 - 8 students.
- All students are required to stay within the safety of the supervised group.
- For added safety, adult faculty and staff members reside in the dorms and are present at discussions, meals, and activities throughout the day.

Residential Life: Students will be housed in campus dormitories to give them a taste of college life. Dorm rooms will consist of doubles and singles. Program Assistants will live in the dorms with the students, providing 24-hour supervision. Boys and girls are separated by floors or wings, and in some cases by dorms. The students in the Intermediate (grades 6-8) and Senior Program (grades 9-12) are typically separated as well.

Communicating: Students are allowed to bring cell phones or calling cards, but we ask that phone calls be kept to a minimum and not be made during program activities. Some phones in the dorms will be available for use in calling home during designated times. Parents are strongly urged to limit phone contacts during the program, as phone calls home tend to contribute to homesickness.

Roommate requests: Although most students attend the program alone, you may indicate specific roommate requests on the Housing Form. We will try to accommodate your request, but we cannot guarantee placement with a specific roommate.

Room Keys: Amherst will provide students with individual keys to their assigned dorm rooms and an electric fob for dorm access. Lost key penalties imposed by Amherst College are **\$55 for a key and \$15 for a fob**. **Please impress upon your child the importance of keeping track of his or her key and fob**, as we must invoice parents for keys and fobs not returned to us. Lanyards will be provided so that students may keep their key and fob securely on their person at all times.

Dining: Most meals will be eaten at the campus dining hall. The college dining services offer a wide selection of nutritious foods and beverages, and can accommodate special dietary needs if we are notified in advance. Weather-permitting, we often have outdoor picnics and barbecues. Healthy snacks and drinks are provided during breaks. Please be sure to let us know of any food allergies or special dietary needs on the enclosed Health Form.

Laundry: Coin-operated laundry facilities are available in each of the dormitories. We ask that attendees of the one-week sessions pack enough clothes for six days and nights. Two and three-week sessions will include a break for students needing to use the laundry. Please remember to pack a roll of quarters if your child is attending a multi-week session. Program Assistants will accompany or help students as necessary.

Lodging for Parents:

- **Amherst:** A comprehensive list of lodging options and other helpful travel information is available on the Amherst College website at <https://cms.amherst.edu/aboutamherst/visiting>

Driving Directions: Directions to the campus are provided below. You may also find Google directions on our website <http://www.greatbookssummer.com/programs/AmherstDirections.asp> Signs will be posted on the main routes into campus to assist you in locating the dormitories for drop-off and pick-up.

BY CAR FROM EAST/WEST

Take I-90 east or west (Mass Turnpike) to Exit 4 (I-91)

Take I-91 north to exit 19 (Rte. 9)

Take Rte. 9 east to Rte. 116 south

These roads intersect at a stoplight at the top of a hill. Most Amherst College buildings are in front of you and on your right; downtown Amherst is on your left.

Continue Straight on Route 9 and turn right on Noah Webster Circle.

Follow signs to the Great Books Summer Program.

BY CAR FROM NORTH/SOUTH

Take I-91 to exit 19 from the south, or exit 20 from the north (you'll be on Rte. 9 east)

Take Rt. 9 east to Rt. 116 south

These roads intersect at a stoplight at the top of a hill. Most Amherst College buildings are in front of you and on your right; downtown Amherst is on your left.

Continue Straight on Route 9 and turn right on Noah Webster Circle.

Follow signs to the Great Books Summer Program.

BY CAR FROM NORTHEAST

Take I-95 south to I-495 south

Take I-495 south to exit 29B (Rte. 2 west)

Take Rte. 2 west to Rte. 202 south

Take Rte. 202 south to Amherst Rd. (turn right)

Take Amherst Rd. to Rte. 116 south

These roads intersect at a stoplight at the top of a hill. You've just driven through downtown Amherst; most Amherst College buildings are in front of you and to the left. Follow signs to the Great Books Summer Program.

Airport pick-up and drop-off: Transportation will be provided between the campus and Bradley International airport for a fee of **\$75 each way**.

Staff members will be on hand at Bradley International Airport between 11 am and 2:30 pm on the Sunday of arrival to greet and supervise arriving students. A chartered transportation service with a professional driver will depart each airport at 2:30 pm sharp, so we ask that parents please schedule flights to arrive no later than 2 pm. Any arrivals or departures not occurring within this time frame must be approved in advance. (Unforeseen delays in flight arrival times due to bad weather, etc., will be handled as they occur. No child will be left stranded at the airport.) A staff member will greet your child's flight wearing a Great Books Summer Program t-shirt and holding a sign with your child's name on it.

Students flying home will be driven to the airport by 12:00 pm on the Saturday of departure, and supervision will be provided until 4 pm. Please plan departing flights accordingly. If you have any questions about flight arrangements, we recommend contacting us before final reservations are made.

- **Amherst College** is served by Bradley International Airport in Hartford, Connecticut. (BDL) This is the only airport from which we will provide transportation for Amherst. ***Please note: we will NOT be meeting flights at Logan Airport in Boston, Massachusetts, as Logan is a 2-hour drive from Amherst.***

Unaccompanied minors: Please note that, depending upon the airline, your child may be considered an “*unaccompanied minor*” if flying alone. Please be sure to check with your airline about their specific policy when you are booking tickets. (Note that some airlines do not permit you to purchase tickets for unaccompanied minors over the internet – purchases must be made over the phone or in person.) If airline policy dictates that your child is an unaccompanied minor, you will be required to provide them with the full name and address of the person picking up your child. We will email you or call you with this information during the week prior to your child's session.

Suggested Packing List

CLOTHING:

- socks / underwear
- shorts
- t-shirts
- pants
- long-sleeved shirts
- pajamas
- sweatshirt, fleece, and/or jacket
- sneakers, shoes, and/or sandals
- bathing suit
- rain jacket

LINENS (*optional*):

- pillow
- sheets
- comforter or blanket
- washcloth
- towel (*recommended*)

TOILETRIES:


- toothbrush / toothpaste
- soap / body wash / deodorant
- shampoo / conditioner
- moisturizer / face wash
- sunscreen
- bathrobe / shower sandals

MISCELLANEOUS:


- ALARM CLOCK** (*recommended*)
- quarters for laundry (*for two-week program*)
- musical instrument
- beach towel
- disposable camera
- prepaid phone card
- umbrella
- cell phone
- hairdryer


NOTES:


 **PLEASE LABEL EVERYTHING WITH PARTICIPANT'S NAME**


 Please do NOT bring:

- curling irons or other electrical items without automatic shut-off
- revealing clothing, inappropriate 'slogan' t-shirts, etc.

 The use of iPods, Walkmans, or handheld video games is discouraged and will only be permitted during limited periods. Please consider leaving such items at home.

 All bedding is provided, but if you prefer to bring your own, please bring patterned or colored linens to distinguish them from campus-owned white linens. College-issued bath towels are quite small so we recommend bringing your own.

 The Great Books Summer Program and Amherst College are not responsible for lost, stolen or damaged items. Please leave your valuables at home.

 Fans are provided at Amherst College for each room.

CHECKLIST OF FORMS

*Use this checklist to make sure that you have completed each form.
Please return them as soon as possible, but no later than May 1st!*

- Transportation Form:** This form provides information about the transportation for students who require pick-up or drop-off at the airport. Please check the “No transportation needed” option if you do not need us to transport your child either to or from campus. [FORMS – Page 1]
- Housing Information Form:** This form explains our Lost Key Policy and contains an optional section for roommate requests. [FORMS – Page 2]
- Behavior Expectations Form:** This ensures that all participants understand the basic rules of behavior while attending the program. We ask that both student and parent sign this form as indicated. [FORMS – Page 3]
- Permissions Form:** Please review the waivers and sign before returning it to us. [FORMS – Page 4]
- Student Health History:** This helps us to provide your child with the best possible medical attention in the event of a health-related issue. [FORMS Pages 5 -7]
- Medication Authorization:** This gives our Health Supervisor permission to administer both prescription and non-prescription medications to your child (please note that, in accordance with Massachusetts state law, no student will be allowed to self-administer medication, with the exception of inhalers, Epi-pens, and insulin injections). [FORMS – Pages 8]
- Physical Exam Report:** Required by the State of Massachusetts, this form must be completed by your health-care provider and returned to us. (OR your child’s physician may provide you with a report of a physical examination conducted within the past 24 months.) [FORMS – Page 9]
- Certificate of Immunization:** Required by the State of Massachusetts, this form must be completed by your health-care provider and returned to us. [FORMS – Page 10]

Additional documents you will provide:

- Health Insurance Card:** Please photocopy the back and front of your health insurance card and return it with your health form.

Please complete and return all forms no later than May 1st.

Fax them to us at: **203-255-0675**

or

Mail them to: **Great Books Summer Program
79 Sanford Street
Fairfield, CT 06824**

Questions? Toll-free Phone: 866-480-7323

TRANSPORTATION FORM

In order to provide the best service to you and your child we ask that all families complete and return this travel information form, even if you are bringing your child to campus yourself.

We MUST know in advance whether your child will be traveling as an unaccompanied minor, so please be sure to check the appropriate box below.

SESSION DATES: _____ **STUDENT CELL #:** _____

CHECK ONE FOR ARRIVAL AND ONE FOR DEPARTURE

Arrival Information:

- No transportation needed**
- Student is flying as an “unaccompanied minor” and needs transportation**
- Student is flying as an “adult traveler” and needs transportation**

Arrival airport: Bradley Int’l Airport, Hartford, Connecticut

Flight Arrival Time: _____ AM/PM

Originating City _____
(city, state)

Airline: _____ Flight No: _____

Departure Information:

- No transportation needed**
- Student is flying as an “unaccompanied minor” and needs transportation**
- Student is flying as an “adult traveler” and needs transportation**

Departure airport: Bradley Int’l Airport, Hartford, Connecticut

Flight Departure Time: _____ AM/PM

Destination city: _____
(city, state)

Airline: _____ Flight No: _____

PARENT, PLEASE SIGN: I hereby grant the Great Books Summer Program and its designees permission to pick-up and/or drop-off my child (*full name*) _____ from/to the flight(s) indicated above, and transport him/her between the campus and the applicable airport. I understand that I will be charged \$75 each way for this service.

Parent Signature _____

Date: _____

HOUSING INFORMATION FORM

Students are ordinarily assigned to single or double rooms in the campus dormitories. Boys and girls are separated by floors or wings, and in some cases by dorms. Students are also separated by age group as much as possible.

Students are expected to treat their room and its furnishings with respect. Any damage will be billed to the student's parents.

Lost Key and Fob Policy

Lost key and fob charges imposed by the institutions, as shown below, will be billed to the student's parents if a room key and/or fob is not returned to us at the end of the session. Lanyards will be provided so that students may keep their key and fob securely on their person at all times.

- Lost key charge — \$55
- Lost fob charge — \$15

Please complete:

I have read and understood the Lost Key and Fob Policy and acknowledge that if my child
(Child's Name) _____ fails to return his/her room key or fob, I am responsible for the applicable institution's lost key or fob charge, which will be billed to me by the Great Books Summer Program after the session ends.

Parent Signature _____ Date _____

Roommate Request (optional)

Most of our students come to the program by themselves, but if there's a friend or sibling roommate request, we will try to accommodate it. Please fill out the fields below if you wish to request a specific roommate:

Student's Name _____

Requested Roommate's Name _____

BEHAVIOR EXPECTATIONS FORM

In keeping with the high standards upon which we pride ourselves, and in order to accurately reflect the inherent values of the Great Books Summer Program, we have developed the following behavior guidelines to ensure a safe and enjoyable educational experience for everyone. While we have always found our avid readers to be well-behaved and wise beyond their years, we still ask parents to review these guidelines with their child, and then sign this form together as indicated at the bottom. Thank you for your help!

General

- Students will be expected to treat themselves and others with respect and to show consideration for those around them at all times.
- Students are expected to follow instructions given by any Great Books staff member, including instructors, residence counselors (PAs), and faculty.
- Students are not permitted to leave the dorms between Lights Out and Wake Up.
- Students must be accompanied by faculty or staff at all times.
- Students will be expected to show respect for their surroundings.
- Students who damage dorm rooms or facilities will be held financially responsible for all repairs necessary.
- Students must wear shoes or sandals and appropriate clothing during all program activities.
- While we understand the need to be cool and comfortable, we ask that students refrain from wearing revealing clothing.
- Profane or hurtful words directed at fellow students, faculty, staff, or others do not reflect the inherent values of the program, nor do they promote the sense of respect and community the Great Books Summer Program wishes to nurture. For these reasons, such language may be grounds for dismissal.

Zero Tolerance

The program will enforce a zero tolerance policy.

- Cigarette, substance* and alcohol use is strictly prohibited.
- If found, the preceding will be confiscated and the appropriate authorities will be notified.
- Threats, overt aggression or violence towards students, faculty, staff or others will not be tolerated.
- Any participants found in possession of prohibited substances or acting in a disruptive or inappropriate manner will be asked to leave the program immediately.

* 'Substance' includes prescription drugs of which the program has not been notified, and illegal drugs.

Student:

I HAVE READ, UNDERSTOOD, AND AGREE TO FOLLOW THE RULES AND GUIDELINES OUTLINED ABOVE WHILE ATTENDING THE GREAT BOOKS SUMMER PROGRAM. I UNDERSTAND THAT IF I DO NOT FOLLOW THESE RULES, I MAY BE ASKED TO LEAVE IMMEDIATELY.

Student's Signature _____ Date _____

Parent:

I HAVE READ AND UNDERSTOOD THE RULES AND GUIDELINES OUTLINED ABOVE. I UNDERSTAND THAT IF MY CHILD DOES NOT FOLLOW THE ABOVE RULES, HE/SHE MAY BE ASKED TO LEAVE THE GREAT BOOKS SUMMER PROGRAM IMMEDIATELY, AT MY COST.

Parent/Guardian Signature _____ Date _____

PERMISSIONS FORM

Waiver: In consideration of being permitted to participate in the Great Books Summer Program on the Amherst College campus (hereinafter known as the “Program”), I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the Great Books Summer Reading Program, LLC, Amherst College, and their officers, employees, agents and affiliates from liability from any and all claims including the negligence of the Great Books Summer Reading Program, LLC, Amherst College, their officers, employees, agents, and affiliates resulting in personal injury, accidents or illnesses, and property loss arising from, but not limited to, participation in the Program. I understand that the Program may include field trips to participate in activities off of the Amherst College campus. I give my permission for my child to participate in field trips and intend this agreement to extend to my child's participation in such field trips. **Assumption of Risks:** Participation in the Program carries with it certain inherent risks, from minor to severe, that cannot be eliminated regardless of the care taken to avoid harm or injury.

I have read the previous paragraph and I know, understand, and appreciate these and other risks that are inherent to the Program. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I agree to defend, indemnify and hold harmless the Great Books Summer Reading Program, LLC and Amherst College from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees, which may arise by reason of participation in the Program.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Massachusetts and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue on my own behalf and on behalf of my minor child. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability on behalf of myself and my minor child to the greatest extent allowed by law.

SWIMMING POOL WAIVER:

I give permission for my child to use the pool at Amherst College during public swim hours when a lifeguard is present.

I hereby release, waive and will hold harmless, Amherst College, its officials and employees, and the Great Books Summer Reading Program, LLC, its officers and representatives, from and against any and all liabilities, civil or criminal action, resulting from use of the pool, equipment and facilities at Amherst College.

PHOTO/VIDEO RELEASE:

I agree that my child can be interviewed, photographed and videotaped during the sessions, and that quotes, photographs or videos can be used by The Great Books Foundation and the Great Books Summer Reading Program, LLC (and their designees), for instructional or promotional materials without compensation.

PAYMENT AGREEMENT:

I have read the program announcement and application pages. I have read and understand the refund policy as stated therein. I understand that I am responsible for the cost of repairing or replacing any property that my child damages while on campus. I further understand that if my child fails to follow program rules and regulations, he/she may be dismissed from the program without refund and may be subject to disqualification from attendance at future sessions.

Student’s signature _____ Date _____

Print Student’s name

Participant’s age
(if a minor)

Parent/Guardian signature _____ Date _____

Print Parent / Guardian’s name

State law requires all participants to provide us with a health history, Certificate of Immunization, and a report of a physical exam conducted within the last 24 months. In addition to filling out and returning the Student Health Form, below, you must include a completed Certificate of Immunization form and a physical exam report (to be provided by your child's physician).

STUDENT HEALTH FORM

Participant Information

First _____ M.I. _____ Last _____
Birth date ____/____/____ Age at camp _____ Gender: M / F (circle one) T-shirt size (adult): S M L XL (circle one)
MM DD YYYY
Street Address _____
City _____ State _____ Zip _____

Custodial parent/guardian #1

Full name(s) _____ Email _____
Home phone _____ Work phone _____ ext. _____ Cell phone _____
Where will you be during the session? (required) If traveling, please describe.
Address _____
Phone _____

Custodial parent/guardian #2

Full name(s) _____ Email _____
Home phone _____ Work phone _____ ext. _____ Cell phone _____
Where will you be during the session? (required) If traveling, please describe.
Address _____
Phone _____

If not available in an emergency, notify:

Full name _____ Relationship _____
Home phone _____ Work phone _____ ext. _____
Cell phone _____

Family medical providers:

Physician name _____ Phone _____
Address _____
Dentist/orthodontist name _____ Phone _____ Address _____

Insurance Information

Is the participant covered by family medical/hospital insurance? Yes No
If yes, indicate carrier or plan name _____ Group # _____

Please attach a photocopy of front and back of health insurance card to this form.

Student name: _____

FAX to: 203-255-0675

ALLERGIES: *List all known.*

Describe reaction and management of the reaction.

Medication allergies (*list*)

Food allergies (*list*)

Other allergies (*list*) — *include insect stings, hay fever, asthma, animal dander, etc.*

MEDICAL CONDITIONS: List all known

Please describe any medical conditions your child may have. If you have already supplied this information in the health history from your physician, please note that below:

MEDICATIONS BEING TAKEN

Please use the accompanying forms to list all medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire session. Keep medications in the original packaging with the ORIGINAL PHARMACY LABEL. Important Note: If your child will be carrying an Epi-pen, inhaler, or diabetes testing kit on their person, please be sure that they are labeled with your child’s name and “Great Books Summer Program.”

CHECK ONE:

- This student takes NO medications on a routine basis.
- This student takes medications -- see accompanying forms.

OCCASIONAL ADMINISTRATION OF OVER-THE-COUNTER MEDICATIONS

I hereby give permission to the Health Supervisor of the Great Books Summer Program to administer the following over-the-counter products as needed to (*child’s name*) _____

- Acetaminophen (e.g. Tylenol)
- Ibuprofen (e.g. Advil)
- Topical Antihistamine (e.g. Benadryl cream)
- Oral Antihistamine (e.g. Benadryl liquid or capsules)
- Antacid (e.g. Tums)
- Sunburn cream (e.g. Aloe Vera)

- OK to administer as needed **OR** Call me first

Signature of parent/guardian: _____ *Date* _____

Please note any restrictions below:

RESTRICTIONS

Dietary restrictions:

Note: There will be an array of healthy food choices available at every meal. However, please indicate any dietary restrictions below. If necessary, we will follow up with you before the start of the session to discuss the restrictions further.

Describe any dietary restrictions:

Activity restrictions (e.g. what cannot be done, what adaptations or limitations are necessary):

Parent/Guardian Authorizations: This health history is correct and complete to the best of my knowledge. The participant described herein has permission to engage in all activities except as noted. I hereby give permission to the Great Books Summer Program Health Supervisor and/or Health Care Consultant (a licensed physician) to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the Great Books Summer Program to arrange necessary related transportation for the participant. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Great Books Summer Program to secure and administer treatment, including hospitalization, for the participant named above.

Signature of parent/guardian: _____

Printed Name: _____

Date: _____

I understand and agree to abide by any restrictions placed on my participation in program activities.

Signature of participant: _____

Printed Name: _____

Date: _____

Did you remember to include ~

Photocopy of back and front of Health Insurance Card?

MEDICATION AUTHORIZATION FORM

AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER

(To be completed by parent/guardian)

Name of Camper: _____ Age: _____ Parent/Guardian Name: _____

Food/Drug Allergies: _____ Home Telephone: _____

Diagnosis (at parents discretion): _____ Business Telephone: _____

Emergency Telephone: _____

Name of Licensed Prescriber: _____ Business Telephone: _____

Emergency Telephone: _____

Name of Medication: _____ Dose given at camp: _____ Route of Administration: _____

Frequency: _____ Date Ordered: _____ Duration of Order: _____ Quantity Received: _____

Expiration date of Medications Received: _____ Special Storage Requirements: _____

Specific Directions (e.g., on empty stomach/with water): _____

Specific Precautions: _____

Possible Side Effects/Adverse Reactions: _____

Other medications (at parents' discretion): _____

Location where medication administration will occur: _____

I hereby authorize Great Books Summer Program to administer, to my child, _____ the medication(s) listed above, in accordance with 105 CMR 430.160.
(Name of child)

105 CMR 430.160(A)

Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use.

105 CMR 430.160(C)

Medication shall only be administered by the health supervisor or by a licensed health care professional authorized to administer prescription medications. The health care consultant shall acknowledge in writing the list of medications administered at the camp. If the health supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is written permission from the parent/guardian.*

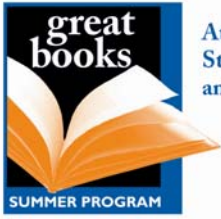
105 CMR 430.160 (D)

When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

**Health Supervisor – A person who is at least 18 years of age, specially trained and certified in at least current American Red Cross First Aid (or its equivalent) and CPR, has been trained in the administration of medications and is under the professional oversight of a licensed health care professional authorized to administer prescription medications.*

Parent / Guardian signature: _____ Date: _____

(Use additional sheets, as needed, for each medication.)



At Amherst College,
Stanford University
and Historic Williamsburg

PHYSICAL EXAM REPORT

REQUIRED BY MASSACHUSETTS GENERAL LAW C111, §§3 AND 127A, 105CMR430

Please return this form by May 1, 2010.

A physician may substitute his or her own form.

Name: _____ Male Female DOB: _____

Medical History: _____

Current Medications

Is the student currently taking any medications? Yes (if yes, then please describe below) No

Current Health Issues

- | | | |
|--------------------------|--------------------------|---|
| Y | N | |
| <input type="checkbox"/> | <input type="checkbox"/> | Allergies: Please List: Medications _____
Food _____ Other _____
History of Anaphylaxis to _____ Epi-Pen®: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | <input type="checkbox"/> | Asthma: Asthma Action Plan <input type="checkbox"/> Yes <input type="checkbox"/> No (Please attach) |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes: <input type="checkbox"/> Type I <input type="checkbox"/> Type II |
| <input type="checkbox"/> | <input type="checkbox"/> | Seizure disorder: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: (Please specify) _____ |

Physical Examination

Hgt: _____ Wgt: _____ BMI: _____ BP: _____

(Check – Normal, if abnormal then please describe)

- | | | |
|--|--|--|
| <input type="checkbox"/> General _____ | <input type="checkbox"/> Lungs _____ | <input type="checkbox"/> Extremities _____ |
| <input type="checkbox"/> Skin _____ | <input type="checkbox"/> Heart _____ | <input type="checkbox"/> Neurologic _____ |
| <input type="checkbox"/> HEENT _____ | <input type="checkbox"/> Abdomen _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Dental/Oral _____ | <input type="checkbox"/> Genitalia _____ | |

Vision: Please answer each of the follow questions. Does the student:

- Have Visual Problems? Yes No
 Wear Glasses? Yes No
 Wear Contact Lenses? Yes No

Targeted TB Skin Testing: Med-to-High risk (exposure to TB; born, lived, travel to TB endemic countries; medical risk factors)

Date of PPD: _____ Results: _____ mm Referred for evaluation to: _____/ Low-risk, no PPD

Conditions or Impairments

This student has the following problems that may affect his/her summer program experience:

- Vision Hearing Speech/Language Fine/Gross Motor Deficit
 Emotional/Social Behavior
 Other _____

Comments/Recommendations: _____

- Y N: This student may participate fully in the summer program, including any physical activities.
 Y N: Immunizations are complete: If no, give reason: Please attach Immunization record.

Signature of Examiner Circle: MD, DO, NP, PA

_____/_____/_____
Date of Exam

Please print name of Examiner

_____/_____/_____
Date

Group Practice

Telephone Number

Address City State Zip Code

Student name: _____

FAX to: 203-255-0675

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Massachusetts Department of Public Health

CERTIFICATE OF IMMUNIZATION

Date of Birth: / /

Sex: female male

If combination vaccine is administered, please indicate vaccine type (e.g., DTaP-Hib, etc.)

Vaccine		Date/Vaccine Type	Vaccine		Date/Vaccine Type
Hepatitis B (e.g., HepB, HepB-Hib, DTaP-HepB-IPV)	1		Haemophilus influenzae type b (e.g., Hib, HepB-Hib, DTaP-Hib)	1	
	2			2	
	3			3	
	4			4	
Diphtheria, Tetanus, Pertussis (e.g., DTaP, DT, DTaP-Hib, DTaP-HepB-IPV, Td, Tdap)	1		Measles, Mumps, Rubella (MMR)	1	
	2			2	
	3		Varicella	1	
	4			2	
	5		Meningococcal Conjugate (MCV4) or	1	
	6			2	
Polio (e.g., IPV, DTaP-HepB-IPV)	1		Hepatitis A (HepA)	1	
	2			2	
	3		Pneumococcal Polysaccharide (PPV23)	1	
	4			2	
	5		Influenza Inactivated (Intramuscular) or Live (Intranasal)	1	
		2			
Pneumococcal Conjugate (PCV7)	1		Other:	3	
	2				
	3				
	4				

Serologic Proof of Immunity			
Test (if done)	Date of Test	Positive	Negative
Measles	/ /		
Mumps	/ /		
Rubella	/ /		
Varicella*	/ /		
Hepatitis B	/ /		
* Must also check Chickenpox History box.			

<input type="checkbox"/> Check the box if this person has a physician-certified reliable history of chickenpox. Reliable history may be based on: <ul style="list-style-type: none"> • physician interpretation of parent/guardian description of chickenpox • physical diagnosis of chickenpox, or • serologic proof of immunity

I certify that this immunization information was transferred from the above-named individual's medical records.

Doctor or nurse's name (please print): _____

Date: / /

Signature: _____

Facility name: _____