



IMPORTANT NEMC CAMP FORMS

Please print this page, read the Parent/Camper Handbook, complete the checklist of forms, and mail to the camp address or email office@nemusiccamp.com by June 1st.

- Travel Form
- Health Form

_____ I have scheduled an appointment and will send by June 1st

- Permission to Leave Camp Form
- Camper/Parent Permissions and Agreements Form

I have received the Camper and Parent Information Packet and have read it with my child.

Parent Signature: _____

I have received the Camper and Parent Information Packet and have read it with my parents.

Camper Signature: _____

Dear NEMC Parent:

It is our privilege to care for your child while they are at camp. In order to do so safely and effectively, we ask that you use the checklist below to assure that all important information and signatures are obtained prior to returning this form to camp no later than June 1, 2015. Thank you.

Sincerely,
NEMC Nursing Staff

- Insurance information complete (photocopy both sides of your insurance card and attach to form)
- Parent/Guardian signature for “permission to treat” with a witnessed signature (bottom of page 1)
- Please list all allergies and treatments
- Please list all medications (even over the counter medications) taken regularly
- Completed physical form by medical provider within last 12 months
- Copy of immunization records

**New England Music Camp
8 Goldenrod Lane
Sidney, ME 04330**

Health History and Examination Form

The information on this form is not part of the camper acceptance process, but it is gathered to assist in identifying appropriate care. This form, except for the "Health Recommendations of Licensed Healthcare Provider," is to be completed by the parents/guardians and camper. **Please mail it to NEMC by June 1, 2015.**

Camper's Name _____
Last First Middle

Home address _____
Street address

City _____ State _____ Zip Code _____

Male Registered for :
 Female 1st session (July)
 Full Session (6 weeks)
 Birth date _____ Age at Camp _____

Custodial parent/ guardian _____	Second parent/ guardian emergency contact _____
Home address _____	Home address _____
Home Phone _____	Home Phone _____
Business Address _____	Business Address _____
Business phone _____	Business phone _____
Cell phone _____	Cell phone _____

If not available in an emergency, notify:

Name _____ Relationship _____ Phone Number _____

Street, City, State, Zip code _____

Please note that the following boxes must be completed for attendance at camp. Attach photocopies of medical/hospital insurance coverage and prescription plan, if separate. FRONT and BACK of cards.

Insurance information

Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate the name of the carrier or plan name _____ Group number _____

Carrier address (street, city, state, zip code) _____

Name of insured _____ Relationship to participant _____

Social Security Number of the policy holder or insurance I.D. number _____

Does the above insurance cover prescription medications? yes no

If no, how do you normally pay for these medications?

prescription plan name _____ Person insured _____ ID/policy number _____

out of pocket

Permission to provide necessary treatment or emergency care:

I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests or treatment; to release any records necessary for insurance purposes; and to provide or arrange related transportation for me or my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips outside of camp.

Signature of parent/
Guardian _____ witness _____ Date _____

I also understand and agree to abide by the restrictions placed on my camp activities.

Camper Name _____ **Date of Birth** _____

Health History

The following information must be filled in by the parent/guardian/camper. It will give camp health care personnel the background to provide appropriate care. Keep a copy of the completed form for your records and notify the camp health personnel of any changes when the participant arrives at camp. Give complete information so the camp can be aware of your needs.

Allergies (list all known)	Describe reaction and management of reaction
Medication allergies (list)	_____
_____	_____
Food allergies (list)	_____
_____	_____
Other allergies (list- include bee stings, hay fever, animal dander, etc)	_____
_____	_____

Medications being taken:

Please list all medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original container that identifies the name of the medication, dosage, frequency of administration and prescribing physician. Some generic over-the-counter medications are provided at camp. You may also send preferred over-the-counter medications.

This person takes no medications on a routine basis.

This person takes medications as follows:

Medication #1 _____	Dosage _____	<input type="checkbox"/> as needed
Reason for taking _____		<input type="checkbox"/> daily (please note times) _____
Medication #2 _____	Dosage _____	<input type="checkbox"/> as needed
Reason for taking _____		<input type="checkbox"/> daily (please note times) _____
Medication #3 _____	Dosage _____	<input type="checkbox"/> as needed
Reason for taking _____		<input type="checkbox"/> daily (please note times) _____
Medication #4 _____	Dosage _____	<input type="checkbox"/> as needed
Reason for taking _____		<input type="checkbox"/> daily (please note times) _____
Medication #5 _____	Dosage _____	<input type="checkbox"/> as needed
Reason for taking _____		<input type="checkbox"/> daily (please note times) _____

Identify and medications taken during the school year that the participant does/may not take in the summer _____

Please attach pages to submit additional information. Approved by _____
Signature of parent

Please check the over-the-counter medications you want your child to receive to relieve pain or other discomforts.

<input type="checkbox"/> Acetaminophen (Tylenol)	<input type="checkbox"/> Ibuprofen (Advil)
<input type="checkbox"/> Naproxen (Aleve)	<input type="checkbox"/> Diphenhydramine HCL (Benadryl)
<input type="checkbox"/> Meclizine (Bonine)	<input type="checkbox"/> Clotrimazole (Lotrimin)
<input type="checkbox"/> Acyclovir (Zovirax)	<input type="checkbox"/> Mometesone (Elocon)
<input type="checkbox"/> Visine	<input type="checkbox"/> Orajel

Camper Name _____ **Date of Birth** _____

General History: Check "True" or "False" for each statement

- | | True | False |
|--|--------------------------|--------------------------|
| 1. This camper has had chicken pox or has received the varicella immunization..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. This camper has NOT had mononucleosis ("mono") during the past school year..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. This camper's hearing is within normal ranges..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. This camper's sight is within normal ranges or uses corrective lens to remedy vision..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. This camper typically sleeps without snoring, sleep talking or making disruptive noises..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. This camper is prepared to fall asleep at night without supports such as reading or listening to music..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. This camper is free of illness, injury or physical challenge that would affect program participation..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. For girls: this camper knows about menstruation and/or has a normal menstrual history..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. This camper has history of head injury..... | <input type="checkbox"/> | <input type="checkbox"/> |

Explain: _____

10. This camper has been in countries outside the United States in the past nine months.....
 If "True" list the countries and the length of time spent:

Country : _____ Dates: _____

Country : _____ Dates: _____

11. Camper's Physician: _____ Office Phone: _____

12. Camper's Orthodontist _____ Office Phone: _____

Mental, Emotional and Social Health: Check "Yes or "No"

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. This camper has been diagnosed with Attention Deficit Disorder (ADD or AD/HD)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. This camper has a psychiatric diagnosis such as depression, OCD, panic/anxiety disorder, bipolar disorder..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. This camper has an emotional health concern (Specifically: _____)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. During the past academic year this camper has seen or is currently seeing a professional to address mental/emotional concerns... <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If "yes" was the answer to any of the four statements above, attach a statement from your child's professional (e.g., psychiatrist, physician) that addresses the following three things:

- a. Describes the concern and the camper's management plan (including medications) while at camp
- b. Describes the behaviors that will indicate to our staff that your camper needs professional referral; and
- c. Provides a recommendation from this professional supporting your child's participation in our camp program.

5. This camper has had a significant life event that continues to affect the camper's life.....

If "Yes", please provide written information about the event – death of a loved one, family change, adoption, new sibling, survived a disaster – its impact upon your child's life, and care tips for your child's cabin counselors.

Chronic Health Concerns: Check those that pertain to this camper and describe how you handle this at home.

This camper has no chronic health concerns and is capable of full participation in the cam program.

This camper has the following chronic health concern(s):

- | | | | | |
|-------------------------------------|---|--|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Headaches | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cardiac Condition |
| <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Menstrual Cramps | <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Fainting | <input type="checkbox"/> Other (describe below) |
| <input type="checkbox"/> Encopresis | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Surgical History of Consequence | |

Information about items above (attached if needed) _____

Provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware

Activity and dietary restrictions: _____

Name of additional health service providers currently giving care _____ phone: _____

Service provided: _____

Parent/Guardian Authorization: The health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted:

Signed: _____ Printed: _____ Date: _____

Camper Name _____ Date of Birth _____

Healthcare recommendations
by licensed healthcare provider for _____
Name of camper

This examination report page is to be completed and signed by the participant's primary care provider. It must be based on an exam completed during the school year prior to the beginning of camp.

Date of exam _____

Blood pressure _____ Weight _____ Height _____

In my opinion, the applicant is is not able to participate in an active camp program.

The application is under the care of a physician for the following condition(s) _____

Active treatment at the time of this report includes _____

Recommendations and restrictions for camp program
Treatment to be continued at camp _____

Medications to be administered at camp (name, dosage, frequency) _____

Any medically-prescribed meal plan or dietary restrictions _____

Known allergies _____

Description of any limitations or restrictions of camp activities _____

Additional information for the camp health care staff _____

• Please include a copy of immunization record with this form

Signature of licensed healthcare provider _____		Date _____	
Printed Name _____		Phone _____	
Address _____			
Street address	City	State	Zip Code

Complete both sides

Camper Travel Plans RETURN HOME

Registered for:
 1st Session
 2nd Session
 Both Sessions

Camper's
Last Name _____ First Name _____

Please fill out and mail this form by May 30th so we can plan for your child's safe travel to and from camp.
Communicate any changes after that date to both the camper and the NEMC office. Telephone # 207-465-3025

Check as many of the following statements as necessary to completely describe how your son/daughter will return home from camp.

Private transportation The above named camper will depart from camp by private transportation. (It is important that you leave NEMC **before 9:30 a.m.** on closing day.)

Waterville Bus or Augusta Airplane Bus departure time _____ Bus/Flight # _____ departure time _____
An NEMC staff member will escort your son or daughter to either location. Indicate Waterville or Augusta.

NEMC does not have the personnel to take campers to flights out of Portland or Bangor. If you choose to fly from either of these locations you must arrange your transportation from camp to the airport. Moonlight Limo & Transportation, Sidney, ME (# 207-547-4184) and Custom Coach (#800 585-3589) are two local agencies available for hire.

If you checked one of the above statements, you are finished with this side of the travel form. Please turn the form over and complete it. If you did not check one of the above, continue below.

All campers traveling to/from camp by public transportation (bus, airplane, train) must carry a photo ID.

NEMC to Boston Chartered Bus

The above camper will ride to Boston on the NEMC chartered bus. The NEMC chartered bus leaves camp at 6:00 a.m. and arrives in Boston at approximately 10:00 a.m. Your travel arrangements should have your son/daughter departing from Boston between 11:00 and 2:00 p.m. Campers may bring only an instrument and a small carry-on bag on the NEMC bus (no suitcases, trunks, or duffle bags). See the attached checklist. The fee is \$75.00 one-way or \$150.00 round trip. Please remit appropriate payment with this form.

Please tell us how your son/daughter will depart from Boston.

Airline Air Carrier _____ Flight # _____ Departure time _____
An NEMC staff member will escort your son/daughter to the security gate.

Amtrak (and Chartered Bus) Bus/Train # _____ Departure time _____
An NEMC staff member will escort your son/daughter to the **South Station Amtrak Information Booth**, then to the assigned departure track. Indicate Bus or Train.

Car Pick-Ups
An NEMC staff member will stay with your son/daughter until you pick him/her up. Please arrive no later than 10:00 a.m. Indicate which location you prefer.

I/we will pick up the camper at **Logan Airport's United Baggage Claim area, Terminal C.**

I/we will pick up the camper at **South Station's Amtrak Information Booth.**

**This form is important for your child's safety. Please make certain it is complete and mail it to the Camp:
NEMC
8 Goldenrod Lane
Sidney, ME 04330**

Complete both sides

**Camper Travel Plans
To CAMP**

Registered for:

- 1st Session
- 2nd Session
- Both Sessions

Camper's
Last Name _____ First Name _____

Please fill out and mail this form by May 30th so we can plan for your child's safe travel to and from camp. Communicate any changes after that date to both the camper and the NEMC office. Telephone # 207-465-3025

Check as many of the following statements as necessary to completely describe how your son/daughter will come to camp.

Private transportation The above named camper will be brought to camp by private transportation. (It is important that you arrive **after 1:00 p.m.** so we can greet and register campers.)

Waterville Bus or Augusta Airplane Bus/Flight # _____ arrival time _____
An NEMC staff member will meet your son or daughter at either location. Indicate Waterville or Augusta.

NEMC does not have the personnel to meet campers flying into Portland or Bangor. If you choose to fly into either of these locations, you must arrange transportation from the airport to camp. Moonlight Limo & Transportation, Sidney, ME (#207-547-4184) and Custom Coach (#800 585-3589) are two local agencies Available for hire.

If you checked one of the above statements, you are finished with this side of the travel form. Please turn the form over and complete it. If you did not check one of the above, continue below.

All campers traveling to/from camp by public transportation (bus, airplane, train) must carry a photo ID.

NEMC to Boston Chartered Bus
The above camper will ride from Boston on the NEMC chartered bus. Because the bus must leave Boston at 2:00 p.m., your travel arrangements should have your son/daughter arrive in Boston no later than 1:00 p.m. Campers may bring only an instrument and a small carry-on bag on the NEMC bus (no suitcases, trunks, or duffle bags). See attached check list. The fee is \$75.00 one-way or \$150.00 round trip. Please remit appropriate payment with this form.

Please tell us how your son/daughter will arrive in Boston.

Airline Air Carrier _____ Flight # _____ Arrival time _____
An NEMC staff member will make every effort to meet your son/daughter **at the security gate**. In the event that many flights arrive simultaneously, a NEMC staff member may not be at the security gate when your child arrives. Therefore, **please instruct your child to remain at the security gate** until they are met by NEMC staff. Together they will proceed to United Baggage.

Amtrak (and Chartered Bus) Bus/Train # _____ Arrival time _____
An NEMC staff member will meet your son/daughter at the **South Station Amtrak Information Booth** and escort him/her to the NEMC bus. Indicate Bus or Amtrak.

Car Drop-Offs
An NEMC staff member will meet and escort your son/daughter to the NEMC bus. Indicate which location you prefer.
 NEMCers will pick up the camper at **Logan Airport's United Baggage Claim area, Terminal C.**
 NEMCers will pick up the camper at **South Station's Amtrak Information Booth.**

Please complete the reverse side with camp departure information.

Checklist for Travel

Please make sure to fill out BOTH sides of travel form, **regardless** of how your child is traveling (private transportation, plane, train or bus!)

If your child is traveling by plane or train, please follow these procedures.

- If possible, make sure your child has the actual ticket or boarding pass to return home. Otherwise, please contact the camp with the confirmation number, airline and flight or train number. If possible, we will print boarding passes for them to go home.
- Send your child with a photo I.D.
- If your child is fifteen years old or younger, he/she may be considered an unaccompanied minor and must have a ticket that corresponds with that title. You must check with the airline/train regarding their policy.
- Although NEMC has a no-cell phone-policy at camp, we encourage campers to travel with a cell phone. Cell phones will be collected upon their arrival at camp.
- Program the office telephone #[207-465-3025](tel:207-465-3025) into your child's cell phone, so that the camper may call us directly if they have questions during travel. (Many of the campers do not understand the difference between arrival gate and security gate. If the camper calls us, we can learn exactly where they are and direct them to the security checkpoint.)
- Parents need to be available by phone on travel days. A transportation delay or other situation may require immediate contact with parents.
- Make sure your child has at least \$20.00 for ticket changes, food, etc
- Make sure that you have made shipping arrangements for luggage:
 - Shipped luggage must be sent prepaid **at least two weeks** in advance by UPS or motor freight. Clearly address each piece to your child at the camp and **attach the label securely** to the luggage so that it cannot come off in transit.
 - For departure, **PARENTS** must contact Kris McCray, at The Mailing Center in Augusta, Me. (207) 621-0234 to arrange for prepaid UPS shipment.

female

New England Music Camp

1st session

male

Permission to Leave Camp

2nd session

BOTH

Please fill in your daughter or son's name and **check "YES" or "NO" for each of seven (7) statements.**

_____ has permission to leave camp as follows:
(Name of camper – please type or print)

YES NO

- 1. On NEMC supervised trips.
- 2. With members of the immediate family (parents, brother, sister, grandparents, aunt, uncle) who are 21 or older.
- 3. With parents of other campers. (See "Camper Leave Policy")
- 4. With Camp Faculty members.
- 5. To attend Sunday morning Catholic Church services with faculty member or designee.
- 6. Other persons or restrictions as specified on the line below: (See "Camper Leave Policy")

- 7. Additional restrictions as specified on the line below: (see "Camper Leave Policy")

Date: _____ Signature of Parent or Guardian _____

This signed permission form must be on file in the camp office before any camper may be permitted to leave the grounds. Authorization by telephone cannot be accepted. No camper will be permitted to leave camp with anyone under the age of 21. All camp leaves are subject to the approval of the camp directors. NEMC cannot and does not assume responsibility for any camper while off the grounds except on camp organized and supervised trips.

NEMC Camper/Parent Permissions and Agreements

Camper Name: _____

Parent Name: _____

Activities Permission

I give permission for my son/daughter _____ to participate in all musical, recreational and social activities as listed and described on the NEMC camp season calendar and parent information letters.

Parent Signature: _____ Date: _____

Electronics Policy

Camper Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Photo and Video Release

I hereby give permission for my child _____ to have his/her photograph taken by representatives of the New England Music Camp for the purposes of display or publication.

Parent Signature _____ Date: _____

Social Media Agreement

We have read the NEMC Electronics Policy, and agree to follow the terms of the policy as stated.

Camper Signature: _____ Date: _____

Parent Signature: _____ Date: _____