



# **Vacation Programs Parent Packet**



## FC Stars Camps & Vacation Programs Parent/Camper Packet

Dear Parents/Guardians:

Welcome to FC Stars Camps & Vacation Programs. Thank you for choosing FC Stars for your families Summer soccer camp experience. As a summer camp operator we are required by law to comply with board of health regulations and require all participants to complete the following paperwork before your child can participate in an FC Stars Summer Camp. Our goal is to provide a first class soccer experience for your child, with the safest environment possible, please help us better serve your family by providing detailed answers and providing all required documentation.

FC Stars Summer Camp documentation checklist:

- \_\_\_\_\_ Camp Waiver Form
- \_\_\_\_\_ Child/Parent Information
- \_\_\_\_\_ Emergency Contacts and Medical Consent
- \_\_\_\_\_ Pick-up authorization/Emergency Contact and Release forms
- \_\_\_\_\_ Physical
- \_\_\_\_\_ Immunization Records
- \_\_\_\_\_ Authorization for medication form (if applicable)

### **REMINDER TO ALL PARENTS/GUARDIANS**

**Each child must be examined by a physician prior to enrollment, as required by the Commonwealth of Massachusetts. Included with this physical should be an immunization history. Each child must be immunized prior to entrance to an FC Stars Camp. Please be sure that your child's immunizations are up to date at the time of entrance into the program. If FC Stars does not have your child's physical and immunization records at the start of the camp week, entrance will be denied until records are received. Refunds will not be given if this situation occurs.**

Our staff are available to assist in making this the most enjoyable experience for your family, if you have any questions or need assistance filling out forms, contacts us at 978-631-0766 or [mbeaumont@starsofma.org](mailto:mbeaumont@starsofma.org). We are looking forward to a great Summer camp season of fun, soccer and development for all our campers.

Thank you  
FC Stars



**FC Stars Camps & Vacation Programs  
Summer Camp/Vacation Program Waiver Form**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**HOLD HARMLESS RELEASE FORM**

In Consideration of being allowed to participate in any way in the FC Stars Summer Camp programs, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist, and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and assume full responsibility for my participation; and

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe and unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the camp director immediately; and,

4. I, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS, FC Stars, it's officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to the person or property; and,

5. In the event that a claim is brought by Participant or Releasee against the other, the defendant shall be able to recover reasonable attorney's fees if incurred in successfully defending against such claim.

***I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND IT'S TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.***

I also,

1. Give permission for my child to participate in FC Stars camp activities, and understand they will be supervised during these activities by FC Stars coaches and staff.



**FC Stars Camps & Vacation Programs  
Summer Camp/Vacation Program Waiver Form**

2. I also understand that FC Stars regularly takes pictures during programs that may be used for promotional materials and give FC Stars permission to use these pictures without compensation; and,

3. I also understand that at any time I may request copies of background checks, healthcare policies, discipline policies and procedures for filing grievances.

***We at FC Stars understand and appreciate specific family concerns and medical issues. If you have any specific requests, please make these concerns in written format to have on file with the camper's registration.***

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

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

Print Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_



**FC Stars Camps & Vacation Programs  
Child & Parent/Guardian Information**

**CHILD INFORMATION**

Child's Name: \_\_\_\_\_

**CHILD'S ID INFORMATION**

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Sex: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ ~~XXXXXXXXXX~~

~~XXXXXXXXXX~~ \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

**PRIMARY CONTACT**

Parent/Guardian Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

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

Bus. Name: \_\_\_\_\_

Bus. Address: \_\_\_\_\_  
\_\_\_\_\_

Bus. Phone #: \_\_\_\_\_

Work Hours: \_\_\_\_\_

**SECONDARY CONTACT**

Parent/Guardian Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

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

Bus. Name: \_\_\_\_\_

Bus. Address: \_\_\_\_\_  
\_\_\_\_\_

Bus. Phone #: \_\_\_\_\_

Work Hours: \_\_\_\_\_

**MEDICAL INFORMATION**

Child's Physician: \_\_\_\_\_ Clinic: \_\_\_\_\_

Tel. #: \_\_\_\_\_

**INSURANCE INFORMATION**

Insurance Carrier/Health Plan: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Tel. #: \_\_\_\_\_



**FC Stars Camps & Vacation Programs  
Child & Parent/Guardian Information**

***MEDICAL INFORMATION (continue)***

**Has/Does you child have:** (please circle)

Frequent ear infections:	YES	NO
Heart trouble:	YES	NO
Headaches:	YES	NO
Diabetes:	YES	NO
Asthma:	YES	NO
If yes (asthma), will they have an inhaler)	YES	NO
Diagnosed with ADD/ADHD:	YES	NO
Learning Disabilities:	YES	NO
IEP:	YES	NO
Skin Problems:	YES	NO

If you answered yes to any of the above questions please give a detailed explanation: \_\_\_\_\_

\_\_\_\_\_

Please list all allergies: \_\_\_\_\_

For each allergy, please give a detailed explanation about the causes, symptoms, reactions and treatments? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any other medical conditions that we should know about: \_\_\_\_\_

\_\_\_\_\_

**Will FC Stars be administering medication during the camp day?**      **NO**      **YES**

If yes, please make sure to fill out the consent form.



## FC Stars Camps & Vacation Programs Administration of Medication Consent

Please fill out this form if FC Stars will be administering medication to your child during the camp day

Child's Name: \_\_\_\_\_

**In accordance with Massachusetts State Law, FC Stars policy on the administration of medication is as follows:**

- Medication must arrive in the prescription container with the date, dosage, and the doctor's name.
- A parent must sign the medication permission form, writing the purpose of the medication, the date, and times of administration, and the amount given.
- Medication must be handed directly to the camp director, not left in the child's lunch box or equipment bag.

**FC Stars will not administer the following:**

- Non-prescription drugs (unless authorized by the parent/guardian and a medication permission form is completed).
- Medication is not contained in the prescription package. Single tablets or jarred liquid will not be administered and will therefore be sent home.
- Medication in any amount exceeding the dosage indicated on the bottle

If you require more room, please attach a separate sheet

	Medicine	Route (oral, topical, etc)	Dose	Time	Refrigeration	
1					Y	N
2					Y	N
3					Y	N
4					Y	N

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any difficulty taking medications?    YES        NO        If Yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize FC Stars to administer the above named medications to my child, in accordance with Board of Health regulations 105 CMR 430.160.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



## FC Stars Camps & Vacation Programs Administration of Medication Consent

Please fill out this form if FC Stars will be administering medication to your child during the camp day

### **BOARD OF HEALTH REGULATION FOR ADMINISTERING MEDICATION DURING CAMP HOURS**

#### **105 CMR 430.160 (A)**

Medication prescribed for campers shall be kept in the original containers bearing the pharmacy label, which shows the date of filing, the pharmacy name and address, the filing 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 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 healthcare consultant. Medication prescribed for campers brought from home shall be only 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.*



**FC Stars Camps & Vacation Programs**  
**Emergency Medical Treatment Consent and Pick-Up Authorization**

**AUTHORIZATION AND CONSENT FORM**

As the parent or legal guardian of \_\_\_\_\_ I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for child. However, if I cannot be reached, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of medicine. This care may be given under any conditions whatsoever to preserve the life, limb, or well-being of my child or dependent.

I understand the staff member of FC Stars are trained in the basics of First Aid and i authorize them to give my child First Aid when appropriate.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**EMERGENCY CONTACT AND RELEASE FORM**

In case of emergency, please give names of persons who can be called and are authorized to pick up your child if we cannot reach a parent (please attach another sheet if more room is needed)

**PICK-UP AUTHORIZATION:** At camper sign-out, I authorize the following people to pick up my child from camp. (For your child's safety, a photo ID is required each and every time your child is picked up).

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Address: \_\_\_\_\_ Emergency Contact (Y/N): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Address: \_\_\_\_\_ Emergency Contact (Y/N): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Address: \_\_\_\_\_ Emergency Contact (Y/N): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Address: \_\_\_\_\_ Emergency Contact (Y/N): \_\_\_\_\_

**NOT AUTHORIZED TO PICK-UP:**

- 1) \_\_\_\_\_ 2) \_\_\_\_\_



## FC Stars Sunscreen Policy Agreement

FC Stars is serious about sun protection for both camp participants and staff members. FC Stars requires all attending participants to bring their own labeled sunscreen for **self administration**.

During the course of the camp week, FC Stars will apply the following policy for Sunscreen use.

- All campers should bring their own labeled supply of sunscreen each day.
- Sunscreen should be applied prior to the commencement of camp each day, and at regular intervals by the campers themselves.
- Campers are required to self administer sunscreen. FC Stars staff will not apply sunscreen for campers.
- FC Stars staff will provide regular verbal reminders at water/snack breaks for players to re-apply sunscreen.
- In hot conditions FC Stars staff will use good judgement where necessary to give additional breaks and time in the shade.
- Campers are encouraged to wear hats and at any point can take a break to drink water and re-apply sunscreen.

This is to certify that I, as parent/guardian with legal responsibility for this participant, have read, and acknowledge the above FC Stars Sunscreen Policy Agreement.

Child's name: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_



## **FC Stars Camps & Vacation Programs Emergency Medical Treatment Consent and Pick-Up Authorization**

### **HEALTH POLICIES AND GUIDELINES**

FC Stars does have a healthcare consultant on call. Our consultant has advised us on our health policies, and will always be available to advise us in both acute and chronic medical situations. As part of our health care policy, FC Stars cannot accept any child with a diagnosed communicable disease (measles, mumps, chicken pox, etc). Please do not send your child to FC Stars Camp if he/she shows signs of possible contagious diseases (new cold, sore throat, fever, rashes, diarrhea, vomiting, etc). FC Stars does not have sufficient staff or facilities to care for sick children. A parent should not bring their child to our camp if he/she is too ill to participate in activities, if the child requires special attention due to their illness, or if any signs of poor health are evident. The health of all children and staff is in jeopardy if an ill child is allowed to attend. Parents must notify the staff if their child has been exposed to an infectious disease, so we can alert the families of the children attending the program. If during the day FC Stars staff notice a child is unable to participate in activities due to poor health, the parent will be called to come and pick up the child. If a parent cannot be reached, an emergency contact will be called. It is the responsibility of the parent to notify FC Stars if there should be any changes regarding emergency number or contacts. If you decide that your child should remain home, please call 978-631-0766 and inform FC Stars of the absence.