



Fitzpatrick Collaborative

45 Main Street, Pepperell, MA 01463

Dear Parents:

Thank you for enrolling your child in The Fitzpatrick Collaborative's Summer Camp. We are looking forward to a great summer of fun and sunshine.

We will need the following information:

- Camper Registration form
- Pick Up Authorization Form
- Medical Forms
- Medication Forms (if your child will be taking or bringing medication to camp)
- A current physical, done within the last 18 months
- Proof of vaccinations
- Current **Medical history**, listing allergies, required medications and any health conditions or impairments that may affect the child's ability to participate fully in camp activities.

We are requesting all forms must be submitted at least 10 days prior to your child attending our program. No child will be permitted to attend Summer camp without the forms on file.

What your child needs for the day:

- Lunch, two snacks, refillable water bottle, and a drink, no refrigeration or heating up of food is available.
- Closed toed shoe (no crocs)
- Change of clothes
- Sunscreen of SPF 15 or higher. Children should arrive already covered, but should have some sunscreen to reapply as needed.
- Insect repellent

Please make sure all clothes and items (such as lunch bags, bento's, water bottles) are clearly labeled with your child's name.

Note: We will be a nut-free program due to allergies. Please do not send your child with any nut products in their lunch or snacks.

(over)

Drop off/Pick up

9 AM/3PM drop off and pick up will be at the gym entrance to the Fitzpatrick building.

Check In: a counselor will come to your car and greet your child and bring the child into the gym for check in with the Head Counselor and master list. (see attached map)

Check out: someone will be outside, review your id and then we will bring your child(ren) to your car after you have signed them out. Please be prompt for drop off and pick up. No child will be released to anyone except who is on the written pickup authorization form. **We will not make any changes over the phone.**

Early drop off: will be at the Front Door of the Fitzpatrick building.

Late pick up: will be upstairs in the library of the Fitzpatrick building.

Emergencies

If you have an urgent matter and need to reach your child while they are attending camp please call us at 978-925-4141.

Fridays

Each week your child will be assigned a color for “all camp Friday” on Wednesday. This is the team they will be on, for that Friday. We ask the child to wear that color on Friday. Each Friday we will have a closing meeting for all parents and friends of the children in our program.

If you have any questions or concerns please feel free to contact me here at the Fitzpatrick Collaborative 978-925-4141.

This camp will comply with regulations of the Massachusetts Department of Public Health and be licensed by the local board of health.

Sincerely,

Bernadette Keegan
Summer Camp Director



Fitzpatrick Collaborative

45 Main Street, Pepperell, MA 01463

Camper Registration Form

Please fill out all information and return this form to us

Via email: bernadette.keegan@Fitzpatrikcollaborative.org

Or mail it to Fitzpatrick Collaborative 45 Main St Pepperell, MA 01463

Participants without a completed form will not be able to attend our program till the form is completed and returned

Child's Last Name _____ First Name _____

Date of Birth _____ Gender _____ Grade Entering Sept 24 _____

Street Address _____

City _____ State _____ Zip Code _____

Parent/Guardian's Name _____

Cell Phone _____ Alt Number _____

Email _____

Address if different from Child _____

Parent/Guardian's First Name _____

Cell Phone _____ Alt Number _____

Email _____

Address if different from Child _____

Please list 3 Additional Emergency Contacts in Order of Priority. They should be at least 18 years of age and Authorized to pick up the child.

A photo ID is Required Each Day A Pick UP.

Name (First and Last) _____

Cell # _____ Alt # _____

Relationship to the child _____

Name (First and Last) _____

Cell # _____ Alt # _____

Relationship to the child _____

Name (First and Last) _____

Cell # _____ Alt # _____

Relationship to the child _____

(Over)

Parent Agreement

- Photographic Release: I do agree ____/ I do not agree ____, give permission for my child's image, photograph, video, or other reproductions to be taken and used by the Fitzpatrick Collaborative to promote or advertise the program.
- I understand that **toys, electronics, games or other personal items** of value are not to be brought to camp. I am aware that the Fitzpatrick Collaborative will not be held responsible for lost, stolen or damaged items brought from home.
- I agree to submit an up-to-date (within 18 months) copy of my child's physical immunization records, and a Health History at least 10 days prior to my child coming to camp in order to comply with state regulations.
- I understand that my child may not attend camp until all required forms and payments are received.
- I agree and release any and all claims I may have arising from camp activities including personal injury or property damage against the Fitzpatrick Collaborative, their agents, employees, or attorneys.
- I understand that it is my responsibility to bring any special concerns about my child to the Camp Director's attention before the beginning of camp (ex. Medical concerns, behavioral issues, custody agreements etc)
- I give permission to the Fitzpatrick Collaborative staff to assist in the reapplication of sunscreen, insect repellent and topical creams.
- I understand that the Fitzpatrick Collaborative Management reserves the right to dismiss a camper (without refund) when my child's behavior has been deemed inappropriate, disruptive or unsafe to themselves and others.
- I understand my \$50.00 deposit is non refundable and after May 15 no refunds will be issued. No refunds will be issued for failure to attend, absences, or sick days.

Parent Signature _____

Date or Signature _____

This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local board of health.

Camp use only forms attached or received

Physical _____ *Health History* _____ *Immunizations* _____

Medical release _____ *Medication forms* _____



Fitzpatrick Collaborative

45 Main Street, Pepperell, MA 01463

Pick Up Authorization Form

To provide maximum safety for the children at our camp, we ask you to fill out this form to inform the staff who is allowed to pick your child at the end of the day or in case of an emergency and you can not be reached.

Child's Name _____

Parent/Guardian Names _____

Cell # _____ Work # _____

Parent/Guardian Names _____

Cell # _____ Work # _____

Emergency Parent/Guardian Contact # _____

Pick up **other** than a Parent or Guardian

Name _____ Cell _____

Work# _____ Home _____

Relationship to the Child _____

Name _____ Cell _____

Work # _____ Home _____

Relationship to the Child _____



Fitzpatrick Collaborative

45 Main Street, Pepperell, MA 01463

Medical Forms

Must be completed with your registration packet

Camper Last Name _____ First Name _____

DOB ___/___/___ Child's age on 6/24/24 _____ Grade entering Fall 24 _____

Address _____ City _____ Zip _____

The following people must have the ability to pick up a sick or injured child if necessary.

Parent/Guardian 1 _____ Cell # _____ Alt # _____

Parent/Guardian 2 _____ Cell# _____ Alt# _____

Alt Emergency Contact _____ Relationship _____ Cell # _____ Alt _____

Physician Information

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Hospital _____ Insurance Carrier _____ Policy # _____

Child's Medical History (to be filled out or provided by his/her Dr)

Medical History (ie Asthma, Diabetes, epilepsy, chronic headaches, ADD, DHD, ODD, etc)

Does this child take any daily medications? Yes _____ No _____ (if yes please list medications, name

Dosages _____

Does your child require medication to be administered **AT CAMP?** Yes _____ No _____

If taken during camp hours (at camp) please list name of medication, dosage and time it needs to be administered _____

List of child's Allergies: _____

Does this child required to have an **EpiPen at Camp:** Yes _____ No _____

Does this child required to have an **Inhaler at Camp:** Yes _____ No _____

The Fitzpatrick Collaborative staff will not administer any over the counter medications to campers.

Physician Name _____ **Physician Signature** _____

(over)

Medical Waiver and Authorization

Medical Release: This health history is correct and accurately reflects the known health status of the named camper. The camper described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to camp staff to provide routine health care: to administer prescribed medications as described: and to provide or obtain emergency care and transportation for a camper if needed. I give permission to the physician selected by the camp to order x-rays, tests, and treatment related to the health of my child both for routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, order and administer medication, injections, anesthesia, X-rays, special procedures, or surgery for this child , if deemed medically necessary. I understand that I am responsible for the cost of any medical care or prescriptions my child requires, I agree to release any records necessary for treatment, referral, billing, or insurance purposes. I understand that information on this form will be shared on a “need to know” basis with camp staff.

Medications: Pursuant to Massachusetts laws and the Fitzpatrick Collaborative policy, I authorize Fitzpatrick designated healthcare staff to administer Medication at camp and Asthma or epinephrine auto-injector, as directed by the physician’s orders, to my child for whom it was prescribed. If comfortable, my child may self-administer their asthma or epinephrine auto-injector. I understand that all medications must be in their original containers, unexpired, and labeled with specific instructions, including the child’s name and dosage, and that any prescription medication must include the full pharmacy label.

I the parent or legal guardian of the named camper, have read and filled out both sides of this form honestly and completely.

I agree to the above statement.

Signature of Parent/Guardian _____ Date _____



Fitzpatrick Collaborative

45 Main Street, Pepperell, MA 01463

Summer Camp Medication Forms

Policies: Only medication that is prescribed by a physician or necessary to treat a condition are allowed at camp. In order to bring an Epi-pen, inhaler or other medication to camp, a parent/guardian must submit a completed Summer Camp Medication Form 10 business days prior to the first day of Camp. Each medication requires a separate form.

Approved Medications must:

- Be in the original prescription container
- Be clearly marked with the child's name
- Have a current date (not expired)
- Be brought to camp given to staff upon arrival on the first day of camp
- Be signed in/out by an authorized adult each day.

Child's Name _____ Date of Birth _____

Diagnosis _____

Symptoms: _____

Medication name _____

Dose _____ Route: _____

Special Instructions for Storage/Refrigeration _____

Time/Frequency of Administration: _____

Instructions for Administration _____

Relevant side effects _____

Medication shall be administered from _____ to _____

Month/date/yr

Month/date/yr

Please be advised that camp staff are not trained medical professionals. They will be relying upon the child to recognize the development of symptoms and to self-administer most medication. In your opinion does the child know the following?

Nature of his/her condition Yes ___ No ___

How to self-administer required medication Yes ___ No ___

When to self-administer required medication Yes ___ No ___

Prescriber Name/ Title: _____ Phone _____

Address _____

Original Signature of Health Care Provider _____

Parent/Guardian Information

Parent/LegalGuardian Name _____

Address _____

City _____ State _____

Home Phone # _____ Cell Phone # _____

(over)

Medications must be in the original prescription container with the child's name clearly marked and the medication date must be correct.

Approved medications empty containers will be sent home each day and returned the filled container with one day's medication the next day. The empty container will be given to the child or put into the child's backpack at the end of the day unless other arrangements have been made.

Medical Release and Authorization(to be completed by Parent/Guardian) at least 10 days prior camp Medications must be in the original container with the original label attached with the camper's name. Parent/Guardian, physician or dentist shall provide written instructions to the Fitz Program staff concerning administration of medication. Written instructions will be valid for 6 months unless designated by the parent/guardian or physician.

Waiver and Release:

I understand that I am required to cooperate with the Fitzpatrick Collaborative with regard to the administration of my child's medication. I understand that some medications cannot be administered by the Fitz staff and if my child requires such medication, it is my responsibility to to make arrangements for my child's medication.

I hereby acknowledge that the Fitzpatrick Collaborative personnel are not trained medical professionals and cannot guarantee nor be responsible for a satisfactory outcome of the administering of medication. In consideration of permitting my/our child to participate in recreation programs sponsored by the Fitz, including Summer Camp. I hereby for myself/our child executors, administrators, and assignees, assume all risks and assignees, assume all risks and hold the Fitzpatrick Collaborative, its agents, members of the Board of Trustees, employees, representatives, all sponsors, affiliate, parties permitting use of property for the programs, coordinating groups, volunteers, and any individuals associated with the Programs harmless for any and all liability, cause of action, debts, claims, damages or demands of any nature whatsoever which may arise in connection with my child's participation in activities related to the program.

Parent and/ or Guardian authorize the Fitz and its staff to administer medication As described on this form. This waiver and release expressly includes any claims arising from or relating to the administration of the medication by the Fitz Staff.

Release Authorized on the date and/or duration of the registered season.

This release is authorized and executed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances for the protection of life and limb of the named minor child in my absence.

Parent/Guardian Signature _____

Date _____

Name of Child _____

This camp must comply with the regulations of the Massachusetts Department of Public Health and be licensed by the local Board of Health.



Fitzpatrick Collaborative

45 Main Street, Pepperell, MA 01463

HEALTH AND MEDICATION POLICIES

Your child's health and safety is our top priority. The Fitzpatrick Collaborative complies with Massachusetts Department of Public Health.

The following completed forms must be on file for each individual camper:

Camper Emergency Consent Form:

An Emergency Consent Form containing medical history and emergency contacts with parent/guardian signature.

Physician Record Form: A Record of Physical Exam performed within 18 months (dated prior to February 28th, 2021) and a current Immunization Record*. Per Massachusetts CMR 430.152(A), Immunization History must be signed by a licensed healthcare provider and include:

Measles, Mumps, and Rubella (MMR) Vaccine - minimum of two (2) doses is required

Polio Vaccine - minimum of three (3) doses of either IPV or OPV (4 if mixed) is required

Diphtheria/Tetanus Toxoids/Pertussis Vaccine - minimum of four (4) doses of DTaP/DTP/DT or

at least three (3) doses of Td is required

Hepatitis B - minimum of three (3) doses is required

*Exceptions to these requirements may be made provided there is documentation of contraindicated immunizations and/or religious objections. Campers will not be permitted into camp without these forms on file

MEDICATION POLICY Over-the-counter and prescription meds, as well as Epi-Pens, inhalers and diabetic maintenance must be sent in original containers only and are locked in the Health Office. Any other non-oral medication must be discussed with the Camp Health Supervisor or Camp Director prior to enrollment. Prescription medication containers must have a pharmacy label and contain only the medication listed on the label. Medication will be given only in prescribed doses and schedules. Any changes from the label information must be authorized in writing by your child's doctor. OTC meds only need parent written permission to administer. Prescription meds require a signature on the medical waiver form. If a camper is trained to carry and use his/her own epinephrine auto-injector or inhaler, the prescriber should document this and sign off that they are able to self-administered

HEAD LICE We have a strict NO NIT policy. Campers will be sent home immediately if eggs or lice are found. Campers cannot return if nits remain, even after treatment.

INSECTS/TICKS Staff will remind campers to use insect repellent as necessary and take precautions such as wearing long pants, socks, and long sleeve shirts when appropriate to prevent insect stings and bites and tick bites. Please send to camp an insect repellent that you've determined is appropriate for your camper, and teach them to apply it. Fitzpatrick staff

will remind campers to take precautions to avoid insects and ticks, and to check their bodies regularly. Some ticks may transmit disease after being attached for over 24 hours. Please also check your camper for ticks upon their return home. For more information on insect- or tick-borne illnesses, visit <http://www.mass.gov/dph/cdc> (choose "Public Health Factsheets" from the Publications section at the lower right). We encourage campers to wash their hands carefully after applying insect repellent, so that reptiles, amphibians, and insects studied in camp activities are not harmed

CAMPER ILLNESS/INJURY In the event of any illness or injury other than a minor one, the parents or emergency contact person will be notified as soon as possible. Emergency medical personnel may be called to the scene in emergency situations. The participants are not covered by accident insurance through the Fitzpatrick Collaborative. . If a camper has a fever greater than or equal to 100 degrees, a parent/guardian will be contacted and asked to pick up their camper as soon as possible. The camper may return to camp after 24 hours of no fever.

Plan for Mildly Ill Campers

Campers who are mildly ill will be asked to lie down in the Camp' s infirmary. This includes campers who are

- lethargic
- Complaining of abdominal pains
- complaining of high fever
- showing signs or symptoms of a sore throat or difficulty swallowing
- complaining of any other sickness or unspecified injury.

Parents will be notified and they may choose to pick the camper up.

Campers who are mildly ill who stay at the camp will be asked to rest and made comfortable as much as possible.

The Camp Director/Health care Supervisor will monitor the camper until they feel better or parents pick them up.

Exclusion policy for serious illnesses, contagious disease, reportable diseases to the Board of Health

If a campers show signs of illness, contagious diseases, or reportable diseases to the Board of Health the following guidelines should be employed:

- for any apparently serious illness, the procedure for a medical emergency will be followed, and transportation by ambulance to the nearest hospital as needed
- A camper with suspected contagious disease must be removed from the activity area to a more isolated, but supervised location, as soon as possible when it is safe to do so. The Camper must be monitored by a staff member at all times until picked up by their parents, another authorized individual, or by ambulance. Campers with suspected contagious disease may not return to participation in camp programs until they have been examined and cleared by a medical professional. If the camper has a complaint that appears serious, or becomes more severe and

persistent, the camper should be removed from the program activities and their parents notified.

- It is preferred that the camper be picked up by a parent unless other arrangements can be made. Children whose condition appears to be serious or worsening, and who cannot be picked up by a parent . may need to be referred to the local hospital for evaluation. When in doubt about a camper's condition, and the best course of action to follow, the camp Health Care Consultant should be contacted for advice.

It is the responsibility of the Director to oversee the cleanliness and the maintenance of the infirmary. It is also his/her responsibility to see to the upkeep of the appropriate records of health and accidents for Commonwealth, county, and insurance purposes.

Parents have the right to review the camps policies on background checks, healthcare, discipline and to submit grievances to the Fitzpatrick Collaborative following the process outlined below tFillout the grievance form found on the website <https://www.fitzpatrickcollaborative.com>.

- a. Email the Camp Director and the CEO of the Fitzpatrick Collaborative stating the grievance and a grievance form has been submitted
- b. The Team will contact the parents and both parties will meet to review the incident, and determine the next steps necessary to resolve the grievance and implement changes to improve the camp experience.

Staff Education:

Signs and Symptoms and treatment for Hyper and Hypoglycemia

Posters will be displayed on bulletin boards and made available for all attendees.

Karen Balestrieri CPNP is the HealthCare Consultant for the Fitzpatrick Collaborative program this summer. Ms Balestrieri's is with the Pediatric West Group there number is

Bernadette Keegan will be the Health Care Supervisor for the Fitzpatrick Collaborative.

Fire Department number is 978-433-2113

Police Department number is 978-433-2424

EMERGENCY NUMBER IS 911



SUMMER CAMP GRIEVANCE REPORTING FORM

Date of Submission: _____

Parent/Guardian Information

Name of Complainant (please print): _____

Phone: _____

Email: _____

Relationship to Camper: _____

Camper Information

Camper's Name: _____

Age: _____

Days Attended: _____

Please provide a detailed description of the grievance you would like to report. Include specific incidents, dates, names of staff members involved, and any other relevant information.

Description of Grievance:

What resolution are you seeking?

The Fitzpatrick Collaborative, Inc. is a 501(c)(3) non-profit organization, EIN # 83-0743119.

Have you already attempted to address this issue with camp staff or management? If so, please provide details of the response you received.

Please submit this form to the Camp Director, Bernadette Keegan, or supervisor in charge. This form should be completed in full. It may be submitted in-person to the Camp Director during camp hours or be submitted via email to bernadette.keegan@thefitzpatrickcollaborative.org.

You may expect a response within 1 business day of receipt.

Thank you for bringing this issue to our attention!

FOR INTERNAL USE

Date Received: _____

Received By: _____

Format Received: ___ *In-Person Submission* ___ *Email Submission*

Response provided on (date): _____

Meningococcal Disease and Camp Attendees: Commonly Asked Questions

What is meningococcal disease?

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue (the “meninges”) that surrounds the brain and spinal cord and cause meningitis, or they may infect the blood or other organs of the body. Symptoms of meningococcal disease may appear suddenly. Fever, severe and constant headaches, stiff neck or neck pain, nausea and vomiting, and rash can all be signs of meningococcal disease. Changes in behavior such as confusion, sleepiness, and trouble waking up can also be important symptoms. In the US, about 350-550 people get meningococcal disease yearly, and 10-15% die despite receiving antibiotic treatment. Of those who survive, about 10-20% may lose limbs, become hard of hearing or deaf, have problems with their nervous system, including long-term neurologic problems, or have seizures or strokes. Less common presentations include pneumonia and arthritis.

How is meningococcal disease spread?

These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person's saliva for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing and sneezing.

Who is most at risk for getting meningococcal disease?

People who travel to certain parts of the world where the disease is very common, microbiologists, people with HIV infection, and those exposed to meningococcal disease during an outbreak are at risk for meningococcal disease. Children and adults with damaged or removed spleens or persistent complement component deficiency (an inherited immune disorder) are at risk. Adolescents and people who live in certain settings such as college freshmen living in dormitories and military recruits are at greater risk of disease from some of the serotypes.

Are camp attendees at increased risk for meningococcal disease?

Children attending day or residential camps are **not** considered to be at an increased risk for meningococcal disease because of their participation.

Is there a vaccine against meningococcal disease?

Yes, there are 2 different meningococcal vaccines. Quadrivalent meningococcal conjugate vaccine (Menveo and MenQuadfi) protects against 4 serotypes (A, C, W, and Y) of meningococcal disease. Meningococcal serogroup B vaccine (Bexsero and Trumenba) protects against serogroup B meningococcal disease, for age 10 and older.

Should my child or adolescent receive the meningococcal vaccine?

Different meningococcal vaccines are recommended for a range of age and risk groups. Meningococcal conjugate vaccine (MenACWY) is routinely recommended at age 11-12 years with a booster at age 16 and is required for school entry for grades 7 and 11. In addition, these vaccines may be recommended for additional children with certain high-risk health conditions, such as those described above.

Meningococcal serogroup B vaccine (Bexsero and Trumenba) is recommended for people with certain relatively rare high-risk health conditions (examples: persons with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency (an inherited disorder), and people who may have been exposed during an outbreak). Adolescents and young adults (16 through 23 years of age) who do not have high-risk conditions may be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short-term protection for most strains of serogroup B meningococcal disease. Parents of adolescents and children who are at higher risk of infection, because of certain medical conditions or other circumstances, should discuss vaccination with their child's healthcare provider.

How can I protect my child or adolescent from getting meningococcal disease?

The best protection against meningococcal disease and many other infectious diseases is thorough and frequent handwashing, respiratory hygiene, and cough etiquette. Individuals should:

1. wash their hands often, especially after using the toilet and before eating or preparing food (hands should be washed with soap and water or an alcohol-based hand gel or rub may be used if hands are not visibly dirty);
2. cover their nose and mouth with a tissue when coughing or sneezing and discard the tissue in a trash can; or if they don't have a tissue, cough or sneeze into their upper sleeve.
3. not share food, drinks, or eating utensils with other people, especially if they are ill.
4. contact their healthcare provider immediately if they have symptoms of meningococcal disease. If your child is exposed to someone with meningococcal disease, antibiotics may be recommended to keep your child from getting sick.

You can obtain more information about meningococcal disease or vaccination from your healthcare provider, your local Board of Health (listed in the phone book under government), or the Massachusetts Department of Public Health Divisions of Epidemiology and Immunization at (617) 983-6800 or on the MDPH website at <https://www.mass.gov/info-details/school-immunizations>.