

CERTIFICATE OF IMMUNIZATION

105 CMR 430.152

Written documentation of immunization or alternative proof of immunity shall be required for all campers, adults, and staff as follows:

FIRST NAME _____ LAST NAME _____

STREET ADDRESS _____

CITY/STATE/ZIP _____ DATE OF BIRTH ____/____/____

PARENT/GUARDIAN _____ PHONE _____

CAMP AND SESSION(S) ATTENDING _____

For Campers and Staff under 18 Years Old

- 1) **Measles, Mumps and Rubella (MMR) Vaccine:** At least one dose of MMR vaccine(s) must be administered at or after 12 months of age or there must be laboratory evidence of immunity. A second dose of live, measles containing vaccine is required:
 - a) For the 2000 camp season: for all staff and for campers entering grades kindergarten through four and seven through twelve in the fall of 2000
 - b) For the 2001 camp season: for all staff and for campers entering grades kindergarten through five and seven through twelve in the fall of 2001
 - c) For the 2002 camp season and thereafter: all campers and staffBoth Doses of measles vaccine must be given at least one month apart, and must be given at or after 12 months of age, or laboratory evidence of immunity.
- 2) **Polio Vaccine:** At least three doses of either trivalent oral polio vaccine (OPV) or enhanced potency inactivated polio vaccine (e-IPV) are required. If a mixed schedule of polio vaccine is given (IPV and OPV) a total of four doses is required
- 3) **Diphtheria and Tetanus Toxoids and Pertussis Vaccine:** At least four doses of DtaP/DTP/DT/tD are required (the Pertussis component is not given to anyone seven years of age or older). A booster dose of tetanus/diphtheria, adult type toxoid (Td) is required if more than ten years have elapsed since the last dose.
- 4) **Hepatitis B:** For all children born on or after January 1, 1992, three doses of Hepatitis B vaccine are required.

For Staff and Adults 18 Years of Age or Older

- 1) **Measles Vaccine:** Unless born before 1957, two doses of live, measles containing vaccine administered at or after 12 months of age (at least one month apart) are required, or there must be laboratory evidence of immunity to measles.
- 2) **Mumps Vaccine:** Unless born before 1957, at least one dose of mumps vaccine administered at or after 12 months of age is required, or there must be laboratory proof of immunity to mumps.
- 3) **Rubella Vaccine:** at least one dose of rubella vaccine administered at or after 12 months of age is required, or there must be laboratory proof of immunity to rubella.
- 4) **Diphtheria and Tetanus Toxoids:** At least three doses of DT/dT are required. A booster dose of tetanus/diphtheria, adult type toxoid (dT) is required if more than ten years have elapsed since the last dose.

Physical Examinations or Immunizations Excepted (105 CMR 430.153)

- 1) **Religious Exceptions:** If a camper or staff member has religious objections to physical examinations or immunizations, the camper or staff member shall submit a written statement, signed by a parent or legal guardian for those under 18 years of age, to the effect that the individual is in good health and stating the reason for such objections.
- 2) **Immunizations Contraindicated:** Any immunization specified in 105 CMR 430.152 shall not be required if the health history required by 105 CMR 430.151 includes a certification by a physician that he or she has examined the individual and that, in the physician's opinion, the physical condition of the individual is such that his or her health would be endangered by such immunization.

IMMUNIZATION DATES – LIST MONTH AND YEAR

DPT _____ MMR _____

Td _____ MEASLES _____

POLIO _____ MUMPS _____

HIB _____ RUBELLA _____

FORM MUST BE SIGNED BY AND DATED BY PHYSICIAN OR DESIGNEE (NOT PARENT OR GUARDIAN!)

SIGNED _____ DATE _____

Authorization to Administer Medication to a Camper

I hereby authorize E. Paul Robsham Scout Reservation to administer to my child;

(Name of Child)

the medications listed below in accordance with 105 CMR 430.160.

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.

Parent/Guardian Signature: _____

Date: _____