Welcome to the 2019 Boston College Football camps

We are really excited to host you during this year’s Elite 1-Day. Please review this letter and complete all necessary additional forms to eliminate any hurdles at registration.

**FAST FACTS:**

**Camp Dates:** June 22nd, 2019

**Registration:**
Registration will begin at 7:50am at Gate D of Alumni Stadium. An email will confirm location and times prior to camp.

**End of Camp:**
Camp ends at 3:45pm. All campers must check out with staff at Gate E before leaving.

**Meals:**
Lunch will be provided

**Facilities:**
Our camp facilities are located at Alumni Stadium, Fish Field House, and Chamberlin Practice Field

**Insurance:**
Insurance is required for all campers. If you do not have insurance for your camper, you may reach out to some providers for plans that last the length of camp.

**GPS Address:**
Yawkey Athletics Center/Alumni Stadium - 2004 Campanella Way, Chestnut Hill, MA 02467

**WHAT TO BRING:**

- Helmet - bring with you to registration
- Football Cleats - preferably molded
- Sneakers
- Sweatshirts, t-shirts, gym shorts
- Athletic Socks
- Athletic Supporter
- Sun Screen
- Towels

**IMPORTANT FORMS TO FILL OUT!**

SIGN ONLINE BY GOING TO [https://signnow.com/s/3X2P0y59?form=true&guest_signing=true](https://signnow.com/s/3X2P0y59?form=true&guest_signing=true)

1. ‘2019 BOSTON COLLEGE FOOTBALL CAMP MEDICAL HISTORY FORM” Form MUST be filled out by a parent or guardian.

2. ‘2019 BOSTON COLLEGE FOOTBALL CAMP PHYSICAL EXAMINATION FORM” MUST be filled out by a physician or health care professional. Can be supplemented with doctor’s own form. Physical must have been completed in last 24 months.

3. ‘Authorization to Administer Prescription Medication’ – This is ONLY required if you will bring an inhaler or other prescription drugs to camp.

In case of Emergency, your camper can be located by calling the Football Office at (617) 552-3010. Messages left after standard business hours will be checked on a regular basis.

The Boston College Campus Police can be reached at (617) 552-4440 for non-emergencies or (617) 552-4444.
LAST NAME: ________________________________ FIRST NAME: ________________________________
DATE OF BIRTH: _____/_____/_______ SEX: ______
DATES ATTENDING (please circle all that apply): 6/2  6/15  6/22
HOME ADDRESS: ____________________________________________________________
HOME CITY: _____________________ STATE: __________ ZIP CODE: __________

PARENT/GUARDIAN 1: ________________________________ RELATION: ________________________________
DAY PHONE: (________ )  CELL PHONE: (________ )
PARENT/GUARDIAN 2: ________________________________ RELATION: ________________________________
DAY PHONE: (________ )  CELL PHONE: (________ )

Please fill in dates where appropriate.

**Illness**
- Frequent Ear Infections:
- Heart Disease/Defect:
- Convulsions:
- Diabetes:
- Bleeding/Clotting Disorder:
- **Asthma:**

**Allergies**
- Hay Fever:
- Ivy Poisoning:
- *Insect Stings:*
- *What Insects:*
- Medicine:
- Food:
- **How do you manage your asthma (i.e. inhaler):**
- ***If an Epi-Pen is required, camper must provide their own.

**Disease**
- Chicken Pox:
- Measles:
- German Measles:
- Mumps:
- Food:
- *What Insects:*

Concussions? If yes, number and time lost:______________________________________
Operations or serious injuries (with dates):______________________________________
Chronic or recurring illness:____________________________________________________
Any specific activities to be restricted?__________________________________________
Name of Campers Dentist?____________________________________________________
Phone:_______________________________________________________________
Name of Campers Doctor?____________________________________________________
Phone:_______________________________________________________________
Name of Medical Insurance Carrier:___________________________________________
Policy#:____________________________________________________________

PARENT/GUARDIAN AUTHORIZATION: MUST BE SIGNED FOR CHILD TO PARTICIPATE IN CAMP
This Health History is correct so far as I know, and the child described herein has permission to engage in all prescribed program activities except as noted by the examining physician and me. I hereby, authorize the staff of Boston College to provide care that includes routine diagnostic procedures (i.e., x-rays, blood and urine test) and medical treatment to my minor camper. I understand that the consent and authorization herein granted does not include major surgical procedures and are valid only during camp.

Parent/Guardian Signature:____________________________________________________
Date:______________________________________________________________
Print Name:____________________________________________________________
2019 BOSTON COLLEGE FOOTBALL CAMP
PHYSICAL EXAMINATION FORM
THIS SIDE CAN BE SUPPLEMENTED WITH A DOCTOR’S OWN PHYSICAL FORM AND IMMUNIZATION SHEET

Last Name: ____________________________
First Name: ____________________________
Date of Birth: ___________________________

IMMUNIZATION HISTORY & DATES

<table>
<thead>
<tr>
<th>Immunization History &amp; Dates</th>
<th>Immunization History &amp; Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DPT/DTaP (min 4 doses)</strong></td>
<td><strong>Poli/IPV/OPV (min 3 doses, 4 if mixed)</strong></td>
</tr>
<tr>
<td>Dose 1: / /</td>
<td>Dose 1: / /</td>
</tr>
<tr>
<td>Dose 2: / /</td>
<td>Dose 2: / /</td>
</tr>
<tr>
<td>Dose 3: / /</td>
<td>Dose 3: / /</td>
</tr>
<tr>
<td>Dose 4: / /</td>
<td>Dose 4: / /</td>
</tr>
<tr>
<td>Dose 5: / /</td>
<td><strong>MMR - Combined (min 2 doses)</strong></td>
</tr>
<tr>
<td>Dose 1: / /</td>
<td>Dose 1: / /</td>
</tr>
<tr>
<td>Dose 2: / /</td>
<td>Dose 2: / /</td>
</tr>
<tr>
<td><strong>Tdap/Td (within last 10 years)</strong></td>
<td><strong>Hepatitis B Series (min 3 doses)</strong></td>
</tr>
<tr>
<td>Dose 1: / /</td>
<td>Dose 1: / /</td>
</tr>
<tr>
<td>Dose 2: / /</td>
<td>Dose 2: / /</td>
</tr>
<tr>
<td>Dose 3: / /</td>
<td>Dose 3: / /</td>
</tr>
<tr>
<td>Dose 4: / /</td>
<td><strong>Polio/IPV/OPV (min 3 doses)</strong></td>
</tr>
<tr>
<td>Dose 1: / /</td>
<td>Dose 1: / /</td>
</tr>
<tr>
<td>Dose 2: / /</td>
<td>Dose 2: / /</td>
</tr>
<tr>
<td>Dose 3: / /</td>
<td>Dose 3: / /</td>
</tr>
<tr>
<td>Dose 4: / /</td>
<td>Dose 4: / /</td>
</tr>
<tr>
<td><strong>Meningococcal (recommended)</strong></td>
<td><strong>Hepatitis B Series (min 3 doses)</strong></td>
</tr>
<tr>
<td>Dose 1: / /</td>
<td>Dose 1: / /</td>
</tr>
<tr>
<td>Dose 2: / /</td>
<td>Dose 2: / /</td>
</tr>
<tr>
<td><strong>History of Chicken Pox</strong></td>
<td><strong>Hepatitis B Series (min 3 doses)</strong></td>
</tr>
<tr>
<td>History: YES NO</td>
<td>Dose 1: / /</td>
</tr>
<tr>
<td>Date:</td>
<td>Dose 2: / /</td>
</tr>
<tr>
<td>Varivax/Varicella</td>
<td><strong>Hepatitis B Series (min 3 doses)</strong></td>
</tr>
<tr>
<td>Dose 1: / /</td>
<td>Dose 1: / /</td>
</tr>
<tr>
<td>Dose 2: / /</td>
<td>Dose 2: / /</td>
</tr>
</tbody>
</table>

IMMUNIZATION HISTORY & DATES

<table>
<thead>
<tr>
<th>Immunization History &amp; Dates</th>
<th>Immunization History &amp; Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tdap/Td (within last 10 years)</strong></td>
<td><strong>Hepatitis B Series (min 3 doses)</strong></td>
</tr>
<tr>
<td>Dose 1: / /</td>
<td>Dose 1: / /</td>
</tr>
<tr>
<td>Dose 2: / /</td>
<td>Dose 2: / /</td>
</tr>
<tr>
<td><strong>History of Chicken Pox</strong></td>
<td><strong>Hepatitis B Series (min 3 doses)</strong></td>
</tr>
<tr>
<td>History: YES NO</td>
<td>Dose 1: / /</td>
</tr>
<tr>
<td>Date:</td>
<td>Dose 2: / /</td>
</tr>
</tbody>
</table>

MEDICAL EXAMINATION

- To be filled in by a licensed physician.
- Per the City of Boston, this examination must be performed within 24 calendar months of the first day of the athlete’s session. (6/3/2016)
- Examination for some other purpose within this period is acceptable

Code: V-Satisfactory X-Not Satisfactory (explain) O-Not Examined

<table>
<thead>
<tr>
<th>Code:</th>
<th>V-Satisfactory</th>
<th>X-Not Satisfactory (explain)</th>
<th>O-Not Examined</th>
</tr>
</thead>
</table>

HT: ________________
WT: ________________

Blood Pressure: ________________

Urinalysis: ________________

Eyes: ________________

Glasses: ______ Contacts: ______

Lungs: ________________

Abdomen: ________________

Allergies: ________________

Degree of Allergic Reaction: ________________

Ears: ________________

Nose: ________________

Posture/Spine: ________________

Throat: ________________

Head/Concussion: ________________

Heart: ________________

Extremities: ________________

Skin: ________________

General Appraisal: ________________

Hernia: ________________

Cardiovascular Disease: ________________

Current Medications: ____________________________________________

Special Diet: ____________________________________________

Musculoskeletal Injuries (explain): ____________________________________________

Any specific activities to be restricted? ____________________________________________

I have examined the person described herein and have reviewed the health history. It is my opinion that this person is physically able to engage in program activities, except as noted above.

Examine Physician: ____________________________________________ Date: ____________________________________________

Please Print Physician’s Name: ____________________________________________ Phone: (_____) ____________

Address: ____________________________________________

Please Complete Both Sides of Form – Parent MUST sign 1st page and Physician MUST sign 2nd page or provide their own form.
Scan and Email to bcfbcamp@bc.edu or fax to (617) 552-2080
2019 BOSTON COLLEGE FOOTBALL CAMP
CAMPER PICKUP AUTHORIZATION FORM

Names not placed on this list will not be allowed to pick up the camper.

Mandated by Massachusetts State Law 105 CMR 430.159(B), please provide a list of the individuals who will be authorized to pick up the named camper. No camper will be released to an individual who is not listed. In case a change is needed, a phone call must be made to the football office at (617) 552-3010 before 5:00 p.m. on that day. If a camper is traveling with his coach, simply indicate the coach’s name.

CAMPER’S NAME (please print): ____________________________________________

SCHOOL (please print): __________________________________________________

DATES ATTENDING (please circle ALL that apply): 6/2 6/15 6/12

PARENT/GUARDIAN’S NAME (please print): ____________________________________________

PARENT/GUARDIAN’S SIGNATURE: _______________________________ DATE: _________________

AUTHORIZED INDIVIDUALS TO PICK-UP THE NAMED CAMPER (please print):

1. (name) __________________________ (phone #:) __________________________

2. (name) __________________________ (phone #:) __________________________

3. (name) __________________________ (phone #:) __________________________

4. (name) __________________________ (phone #:) __________________________

5. (name) __________________________ (phone #:) __________________________

6. (name) __________________________ (phone #:) __________________________

INDIVIDUALS NOT AUTHORIZED TO PICK-UP THE NAMED CAMPER (please print):

1. (name) __________________________

2. (name) __________________________

3. (name) __________________________

4. (name) __________________________

5. (name) __________________________

Please Complete the Form – Scan and Email to bcfbcamp@bc.edu or fax to (617) 552-2080
AUTHORIZATION TO ADMINISTER PRESCRIPTION MEDICATION TO A CAMPER
(To be completed by parent/guardian – ONLY RETURN IF CAMPER NEEDS TO TAKE MEDICATION WHILE AT CAMP)

Parents Please Note: The camp staff would prefer, whenever possible, that prescription medication be administered outside of camp hours, under the supervision of a parent/guardian. However, if your child does need to take medication during camp hours, please read the following information and fill out the authorization form and the necessary information on the back of this form.

I hereby authorize Boston College Football Camp to administer, to my child, ________________________________ the medication(s) listed on the back of this form in accordance with the following regulations:

- Prescription medications 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 name, serial number of prescription, name of patient, name of prescribing practitioner, name of prescribed medication, directions for use and cautionary statements (if any). If medication is in the form of tablets or capsules the container should be labeled with the number of capsules. Prescription medications should not be brought to camp in “baggies” separate from the original container.
- Medication will be administered by the health supervisor or by a licensed health care professional authorized to administer prescription medications. The health supervisor is not a health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant.
- When no longer needed, medications shall be returned to the parent/guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

Parent/Guardian (Print): ____________________________________________
Parent/Guardian (Sign): ____________________________________________ Date: __________

AUTHORIZATION FOR SELF-ADMINISTRATION OF MEDICATION (INHALERS/EPI PENS)

My camper, ________________________________ requires the use of an inhaler/epi pen. I am aware that my child may use his/her inhaler/epi pen when he/she requires it during the duration of camp.

Parent/Guardian (Print): ____________________________________________
Parent/Guardian (Sign): ____________________________________________ Date: __________

Prescription Information

Name of Camper: ____________________________________________ Age: ______
Food/Drug Allergies: ____________________________________________ Diagnosis (at Parent’s discretion): ______
Name of Licensed Prescriber: ____________________________________________
Name of Medication: ________________________________ Doseage: ______ Route of Administration: ______
Frequency: ______ Date Ordered: ______ Duration of Order: ______ Quantity Received: ______
Expiration date of Medications Received: ______ Special Storage Requirements:

Specific Instructions (e.g.-on empty stomach/with water):
Specific Precautions:
Possible Side Effects/Adverse Reactions:
Other medications (at parents discretion):

PLEASE COMPLETE AN ADDITIONAL SHEET FOR EACH ADDITIONAL PRESCRIPTION.
Scan and Email to bcfbcamp@bc.edu or fax completed form to (617) 552-2080
The following policies and general information have been designed to insure a safe, productive, and enjoyable experience while you are at camp. The rules have been kept to a minimum, but are essential for the welfare of all individuals involved. Please adhere to the rules. If you have any questions, ask your coaches. Your primary responsibility is to make the most of this camp. Your enrollment indicates a desire to learn.

1. DO NOT LEAVE CAMP WITHOUT CHECKING OUT
2. The harassment or hazing of any camper is absolutely forbidden.
3. Be respectful to Boston College employees and personnel.
4. The use of profanity or vulgar language may result in automatic dismissal from camp.
5. Campers are not permitted to leave Campus or go across the Railroad Tracks at any time unless accompanied by a BC Staff Member.
6. Treat all facilities with respect. You will be held responsible for all damages.
7. No smoking, chewing tobacco, gambling, firecrackers, or weapons (including bows, rifles or similar equipment).
8. Meals during camp are mandatory for all campers.
9. No driving during camp. Cars must be kept in parking garage at all times.
10. Shoes, shirts, trousers (shorts) are to be worn at all times.
11. Medical Treatment:
   A. You must report any injury to your position coach and/or to the camp trainer IMMEDIATELY.
   B. Injured athletes are required to get treatment at the training room in The Yawkey Athletics Center.
12. All meetings and practices are mandatory and attendance will be taken.

Take PRIDE in yourself and in BOSTON COLLEGE!

   Personal
   Responsibility
   In
   Daily
   Endeavors
## Directions to the Boston College Chestnut Hill Campus

Boston College is located in the Chestnut Hill section of Newton, Massachusetts. The campus is approximately six miles west of the City of Boston.

**FROM COMMONWEALTH AVENUE (CONTINUE FROM * HERE)**

**Boston College’s main gate will be on your right as you drive down Commonwealth Ave. At the bottom of the hill is St. Ignatius Church. Make a right at the church and your next right into the lower campus entrance. Follow Campanella Way around and park in the first garage you come to (Comm. Ave. garage). After exiting the garage, continue via foot on Campanella Way to the Yawkey Center on your right.**

**FROM POINTS NORTH AND SOUTH**

Take Interstate 95 (Route 128) to Exit 24 (Route 30). Proceed east on Route 30, also known as Commonwealth Ave., and follow for approximately five miles to BC. Continue from * above.

**FROM POINTS WEST**

Take Massachusetts Turnpike (I-90) to Exit 17. At the first set of lights off the exit ramp, take a right onto Centre Street. Follow Center St. to the fourth set of lights and turn left onto Commonwealth Ave for two miles to BC. Continue from * above.

**FROM DOWNTOWN BOSTON**

Take the Massachusetts Turnpike (I-90) to Exit 17. Take a left over the bridge after passing the Crowne Plaza hotel. Take the first right onto Centre Street. Follow Center St. to the fourth set of lights and turn left onto Commonwealth Ave for two miles to BC. Continue from * above.

**PUBLIC TRANSPORTATION (MBTA)**

The Boston College branch of the MBTA’s “Green Line” (B) ends at the Boston-Newton boundary on Commonwealth Ave. Cross the street and walk by St. Ignatius Church. Follow Campanella Way around to the right through lower campus and to the Yawkey Center.

**FROM AIRPORT**

When exiting the airport, take the Ted Williams Tunnel / Massachusetts Turnpike (I-90) west. Follow directions “From Downtown Boston” listed above.

---

### Area Hotel Information

<table>
<thead>
<tr>
<th>Hotel</th>
<th>Address</th>
<th>Phone</th>
<th>Distance from campus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sheraton Needham</td>
<td>100 Cabot Street, Needham, MA 02494</td>
<td>781-444-1110</td>
<td>10 min. from campus</td>
</tr>
<tr>
<td>40 Webster Street</td>
<td>Brookline, MA 02446</td>
<td>617-734-1383</td>
<td>(20 min. from campus)</td>
</tr>
<tr>
<td>Courtyard Marriott</td>
<td>40 Webster Street, Brookline, MA 02446</td>
<td>617-734-1383</td>
<td>(20 min. from campus)</td>
</tr>
<tr>
<td>DoubleTree Guest Suites</td>
<td>400 Soldiers Field Rd, Boston, MA 02134</td>
<td>617-789-0090</td>
<td>(25 min. from campus)</td>
</tr>
<tr>
<td>DoubleTree Suites</td>
<td>55 Winter Street, Waltham, MA 02451</td>
<td>781-892-6767</td>
<td>(15 min. from campus)</td>
</tr>
<tr>
<td>Colonnade Hotel</td>
<td>120 Huntington Avenue, Boston, MA 02116</td>
<td>617-424-7000</td>
<td>(25 min. from campus)</td>
</tr>
<tr>
<td>Holiday Inn</td>
<td>1200 Beacon Street, Brookline, MA 02446</td>
<td>617-277-1200</td>
<td>(20 min. from campus)</td>
</tr>
<tr>
<td>Newton Marriott</td>
<td>2345 Commonwealth Ave, Boston, MA 02466</td>
<td>617-969-1000</td>
<td>(10 min. from campus)</td>
</tr>
<tr>
<td>Courten Plaza</td>
<td>320 Washington St, Newton, MA 02458</td>
<td>617-969-3010</td>
<td>(10 min. from campus)</td>
</tr>
</tbody>
</table>

### Taxi Companies

- Metro Cab: 617-782-5500
- Veterans Cab: 617-527-0300
- Towne Taxi: 617-536-5000
Mandated by Massachusetts State Law 105 CMR 430.159(B), the following appropriate care will be administered to participants by the medical staff:

Mildly-ill campers will be evaluated by the medical staff in the Sports Medicine Training Room at Boston College. Treatment will be administered per standing order and the Health Care Consultant will be notified if necessary. If condition persists or worsens, appropriate care will be administered and parent/guardian will be notified.

Prescription medications will be administered only after parents complete and sign authorization form at registration. Athletic Trainer will be responsible for storing medication and daily administration of appropriate dosages. Prescription Asthmatic Athletic Inhalers and Epi-Pens may be carried by campers.

Emergency Care: Athletic Trainers will be on site for all activities. They will evaluate need for activation of E.M.S. system. For emergency injuries Boston College Campus Police will be contacted for ambulance transport and parent will be notified a.s.a.p.

A complete copy of the 2019 Boston College Football Camp Health Care Policy is available upon request as well as policies on staff background checks, discipline and grievance procedures.

The Boston College Football Camp must comply with the Regulations of the Massachusetts Department of Public Health and Boston College’s Protection of Minors Program. Camp participants may request copies of background check procedures, health care policies, discipline policies, and procedures for grievances. Please visit our website: www.bceagles.com/fbcamp for additional information for parents regarding camp regulations.

**MASSACHUSETTS STATE MEMO ON IMMUNIZATIONS**

Vaccination is critically important to control the spread of vaccine-preventable disease. In 2015, 189 people from 24 states and the District of Columbia were reported to have measles. In 2014, the United States experienced a record number of measles cases, with 667 cases from 27 states reported to CDC’s National Center for Immunization and Respiratory Diseases (NCIRD); this is the greatest number of cases since measles elimination was documented in the U.S. in 2000. The majority of people who got measles were not vaccinated.

In 2015, a single visiting exchange student developed measles while visiting Massachusetts and resulted in hundreds of exposures, and measures to control measles such as isolation of the ill individual and quarantine of those exposed who were unable to get vaccinated within 72 hours after exposure. This resulted in many missed days of work, school, daycare, and other activities such as graduations. In 2016, an outbreak of mumps among college students in Massachusetts has resulted in isolation of ill students and quarantine of those students who did not have evidence of immunity to mumps. Large institutions have had to consider canceling events to keep mumps from spreading. This outbreak has remained moderate in size because of very high vaccination rates among students in Massachusetts.

Immunization requirements for entry to school in Massachusetts have been updated since the regulation outlining immunizations required for camp, was last revised. Therefore, camp immunization requirements are not consistent with the latest required immunizations for school entry. We encourage you to use the School Immunization Requirements table as a reference. Required Vaccines: According to 105 CMR 430.152 (www.mass.gov/eohhs/docs/dph/regs/105cmr430.pdf)

Campers and staff younger than 18 years of age are required to have written documentation of:

- 2 doses of MMR
- At least 3 doses polio vaccine (4 if mix of IPV and OPV
- At least 4 doses of DTaP
- One dose of Td (Tdap preferred) for campers and staff entering grades 7 through college. Everyone else is required to have a dose of Td (Tdap preferred) if it has been more than 10 years since the previous dose of Td.
- 3 doses of hepatitis B vaccine, or laboratory evidence of immunity.

The Massachusetts Department of Public Health (MDPH) Immunization Program recommends the following vaccines in addition to the required list to better prevent an outbreak of vaccine preventable diseases at camp:

- At least 1 dose of varicella (chickenpox; vaccine or healthcare provider certified history of chickenpox disease.