Campers (and Parents/Guardians):

We are changing to an electronic database for the medical forms required to attend all camps at Hamilton College. The information gathered in this database is protected by HIPPA and FERPA laws and will not be utilized unless necessary. Please follow the directions closely, as they are very specific and will help you not miss any important information needed to attend camp. Each individual camper must have all information completed in order to participate.

**Step 1: Create or Access your ATS account:**

- Go to [hamilton2.atsusers.com](http://hamilton2.atsusers.com)
  - Type in “new” for both ID and password.
  - If the “Database” field is empty, type in “atshamilton” here.
  - Once complete, you will be taken to a page with 3 tabs along the top of the page.

**Step 2: Complete General, Insurance, and Emergency Contacts Tabs**

- The first screen is the General Tab. All your Demographic Information will be input here. *All boxes highlighted in yellow are required. You cannot move forward without it completed.*
  - For “Organization” please select “Summer camps”.
  - If the camper will attend more than one camp, please select each camp in the “Team” section(s)
  - For the “Athlete ID” please use the camper’s first initial then last name (i.e. jsmith for John Smith).
  - Create any password you would like and make it something you will remember in case you have to go back into the database and add some information later.
  - For the “Year” drop down box, please choose “Summer Camper”.
  - SSN is NOT required; you may enter 000-00-0000 into this field if you wish not to disclose the campers SSN. You will not be able to move on with a blank box.
  - For the bottom section (including Medical Alerts, Allergies, Medications), you can either type in the information necessary or use the drop down list to add in your information. If you do not have anything for one section (or all), please write n/a or none. You will not be able to move on with a blank box.

- Next, fill out the required information within the “Insurance” and “Contacts” tabs along the top of the screen.
  - Insurance Tab: You must fill in all information highlighted in yellow. *Front AND Back photos of your insurance card must be uploaded here.*
  - Contacts Tab: You must fill in all information highlighted in yellow.
  - Once your general information, insurance information, and emergency contacts are entered, click “Save” and then click “Verify” at the bottom of the page.
• Once this is accepted by ATS, a new series of tabs will open at the top of the page. Please note the information for each tab:
  ➢ **General**: Should be complete at this time.
  ➢ **Immunizations/Paperwork**: Skip this tab (this is for Sports Medicine Staff use ONLY).
    The camper’s Immunization Records should be added in the efiles tab (explained below).
  ➢ **Insurance**: Should be complete at this time.
  ➢ **Contacts**: Should be complete at this time.
  ➢ **Forms**: Please go to Step 3 to see the instructions to complete this tab.
  ➢ **Efiles**: Please go to Step 4 to see the instructions to complete this tab.

**Step 3: Complete all required Forms under “Forms” tab**

• There are 2 forms to fill out under this tab:
  1) General Health History and 2) Parental Permission/Hold Harmless Agreement

• You can find the forms in the drop down list.

• Choose the form name and click “New” to the right to get started.

• “General Health History” Form: Read and answer all questions. You must add an explanation to any “yes” answers.

• “Parental Permission/Hold Harmless Agreement” Form: Please read all information carefully and answer the questions as prompted. A parent/guardian must sign this form.

• Click “Save” at the end of each form to ensure your form has been attached to your file.

**Step 4: Upload all necessary information into the “Efiles” tab**

• A copy of the camper’s **Immunization Records** should be uploaded into this tab. (REQUIRED)

• The completed **Physician Report** (including signature of physician) located on the next page of this document should also be uploaded here. (REQUIRED)

• Health Appraisal Form from the physician can be uploaded here, as well. (Optional)

• You can upload documents via a scanner, or take a photo and upload a jpeg of the form to the efile.

*If you need to adjust your account at any time, you can log in with the Athlete ID and password that you have provided. Please keep your Athlete ID and Password for future use.

The Summer Camps Health Center staff will be reviewing all of your information. If there is anything missing, or that needs clarification, they will contact you directly.

Please contact the Hamilton College Summer Camp Nurse with any questions ([hccampnurse@gmail.com](mailto:hccampnurse@gmail.com)).
**Physician Report**

*To Be Completed by Physician*

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<th>Physical exam done today:</th>
<th>☐ Yes</th>
<th>☐ No</th>
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<td>(If &quot;No&quot;, date of last physical: MM/DD/YEAR: __________)</td>
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<td>Weight: ________lbs.</td>
<td>Height: ___ft___in</td>
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<td>Blood Pressure: <em><strong>/</strong></em></td>
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<th>Diet/Nutrition:</th>
<th>☐ Eats a regular Diet</th>
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<tr>
<td>☐ Has a medically prescribed meal plan or dietary restrictions (describe below)</td>
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The camper is undergoing treatment at this time for the following conditions: (describe below)  ☐ None

Other treatments/therapies to be continued at camp: (describe below)  ☐ None

Do you feel that the camper will require limitations or restrictions to activity while at camp: (describe below)  ☐ None

**Medications:**

*New York State Law requires the physician to complete an authorization for administration of all medications in camps including: Prescription and Standard Over the Counter Medications (ie Tylenol, Motrin, etc.) PRN Medications, and Daily Prescribed Medications:* (Please complete with camper's current regimen of scheduled medications, including inhalers. Attach additional page if needed.) All medications sent to camp must be in their original containers including inhalers which must come in their prescription labeled box. No pill boxes or unlabeled containers will be accepted. All medications will be stored and administered at the summer health center.

NOTE: Prescription meds will only be administered as per the prescription label instructions.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Route</th>
<th>Dose</th>
<th>Time(s)</th>
<th>Diagnosis</th>
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</table>

*All medications sent to camp MUST be in their ORIGINAL CONTAINERS. Medication in pill boxes or other containers WILL NOT be accepted.*

**Immunization:** Complete Immunization Records are required for camp attendance. *(Religious exemption is the only legally allowable exemption in New York State.)* A copy of your immunization history (which includes dates) must be provided and verified by child’s physician or other health care professional (i.e., Immunization Record on Health Care Provider Letterhead with physician’s signature.)

**For Inhalers and Epi-Pens:**

Has camper been trained in the proper use of the inhaler or epi-pen? ☐ Yes ☐ No  Consent for child to keep inhaler or epi-pen? ☐ Yes ☐ No

Hamilton College Summer Camps are NOT responsible for inhalers or epi-pens lost while in the camper’s possession.

*I have reviewed the CAMPER HEALTH HISTORY FORM and have discussed the camp program with the camper’s parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above).*

Name of licensed provider (please print): ____________________________  License No.: ____________________________

Signature: ____________________________  Title: ____________________________  Phone: ____________________________  Date: ____________________________

Office Address: ____________________________________________________________

*This form must be Completed by Physician, not Parents.*