

(Please circle one)  
Session 1 2 3 4 5 6 ALL

# CROFTON TEEN PROGRAM PARTICIPANT'S EMERGENCY INFORMATION



1 Harry S. Truman Parkway  
Annapolis, MD 21401  
(410) 222-7313 or (301) 261-8036

**Completed** form must be received 2 weeks prior to the  
start of camp on June 23rd.

PLEASE PRINT CLEARLY

Name Of Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade as of 8/08: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_ 2nd Emergency Contact: \_\_\_\_\_

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

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

Does your child have any conditions we should be aware of including medical conditions, psychological conditions, behavioral conditions, medications, dietary restrictions, allergies, or special needs? Explain:

**Date of last tetanus (or DTP) shot:** \_\_\_\_\_

Child's Primary Provider of Medical Care: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Provider of Dental Care: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child attend a Maryland Public or Private school? **Yes**, School Name \_\_\_\_\_

If **No**, please attach a copy of their immunization record.

Is your child exempt from any immunizations for medical or religious reasons? \_\_\_\_\_ Yes \_\_\_\_\_ No

If **Yes**, provide a signed copy of the Maryland Department of Health & Mental Hygiene Immunization Certificate from a licensed physician stating that the immunization is medically contraindicated or the parent/guardian indicating that they object to immunizations for religious reasons.

Persons Authorized to pick your child up from the program/bus stop:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*\* WALKERS AND/OR BICYCLE RIDERS PLEASE COMPLETE \*\*\***

My child, \_\_\_\_\_ has permission to walk/ride bike to/from the Summer Fun Center, Camp or Camp Bus Stop.

PARENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENTS - PHOTO RELEASE FORM ON REVERSE**

Revised 3/08

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*Revised 3/08*