

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

DOWNSPARK 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

Please circle one: Day Camp Pre-Teen Camp Teen Camp

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