



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

PROGRAM PARTICIPANT'S EMERGENCY INFORMATION

Completed form must be turned in at SFC location
 upon arrival on 1st day of attendance.

Name Of Child: _____ SFC Location: _____

Home Phone: _____ Date of Birth: _____

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: _____

4. _____ 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 or Camp Bus Stop.

PARENT SIGNATURE: _____ Date: _____

PARENTS - PHOTO RELEASE FORM ON REVERSE

Revised 3/06