



# PARTICIPANT EMERGENCY INFORMATION

## SUMMER CAMP

*Completed forms must be received at the Summer Camp on the child's first day of attendance. Please print clearly.*

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

Parent/Guardian Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade as of 8/24: \_\_\_\_\_

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

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

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

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

**Are there custody papers concerning this child? NO \_\_\_\_\_ YES \_\_\_\_\_**  
**If yes, you must provide a copy of the papers to the staff on the first day your child attends.**

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

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

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

Do you reside outside of the US? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If **YES**, please attach a copy of their immunization record or fill out the MD Health Immunization Certificate (MDH Form 896)

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 (must be over the age or 13):

Or add child's name if authorized to walk (Teens on the Go Camp Only)

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

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

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

Your signature below indicates receipt & acknowledgement of the Summer Program Important Information sheet as well as the Concussion Awareness Information and that you as parent/guardian have discussed the Guidelines for Discipline & Consequences with the participant.

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