

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 8/25: _____

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: _____