



Camp Name: _____

Camp Location: _____

One form per camp location

CAMP HEALTH FORM

You must fill out both sides of this form and bring it with you on the first day of camp.

General Information: (Please Print)

Participant Name _____ Grade entering in fall _____ Birth Date _____

Parent/Guardian Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Individual(s) to be contacted in case of emergency:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Person (other than parent) authorized to drop off / pick up participant:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Are there any custody issues we should be aware of? No Yes *(If yes, attach copy of court order)*

Health issues and special accommodations:

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware?

No Yes *(If yes, please explain)* _____

Are there any medication, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive? No Yes *(If yes, please explain)* _____

Medication:

Is the participant taking any medication? No Yes *If yes, please list:* _____

Will the participant need to take medication during camp hours? No Yes

If yes, you will need to complete a medication authorization form (visit www.recreator.com to download the form)

Sunscreen is considered a topical medication:

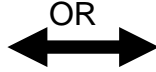
Parents wishing their child to apply sunscreen at camp must complete the information below:

Brand of Sunscreen _____ (Note: Please print campers first and last name on the bottle.)

Can participant self-administer? Yes No *If no, is staff permitted to assist with application?* Yes No

Immunization Information:

For campers who reside **within** the United States, a United States territory, or the District of Columbia:



For campers who reside **outside** the United States, a United States territory, or the District of Columbia:

1. State/territory in which child resides:

1. Country in which child resides:

2. Is this child exempt from any immunizations?
 No Yes *If yes, please list:* _____

2. Attach Department form DHMH-896 (record of vaccination or immunity)

Information required by state regulations:

Participant's Primary Physician _____ Physician's Phone _____

I Understand:

1. That there are inherent risks and dangers associated with recreation programs and camps, therefore, I hold Frederick County, Maryland harmless from all claims of injury, damage, or loss which may result from my child's participation in the camp listed above.
2. That I must be aware of the hazards associated with each activity, such as use of equipment, slips and falls, personal level of fitness, training, and various athletic injuries related to this activity.
3. I must read and understand all written material, which has been provided by Frederick County Division of Parks and Recreation.
4. The rules and regulations for each activity, as explained in any written materials and/or explained by staff.
5. That the possible consequences of participating in these activities include the possibility of serious injury.

I Agree:

1. To obey the rules and regulations for each activity and to follow the directions of the staff.
2. To inform a staff member of any dangerous or potentially hazardous situation that I may observe.
3. That if I do not understand how an activity is performed or how a piece of equipment is to be used, I will ask a staff member prior to beginning that activity.
4. To inform a staff member if I have any problems meeting the physical requirements necessary for participation in any activities.
5. To allow Frederick County Parks and Recreation to take and utilize photos, slides, and video images of the above registered individual for the purpose of promotion and publicizing of the Division's programs.

Signature of Participant _____ Date _____

Signature of Parent/Guardian _____ Date _____

In **EMERGENCIES** requiring immediate medical attention, your child will be taken to the **NEAREST HOSPITAL EMERGENCY ROOM**. Your signature authorizes the responsible person at the program to have you or your child transported to that hospital.

Signature of Parent/Guardian _____ Date _____