



CAMPER HEALTH AND INFORMATION FORM



for Montgomery Parks and Montgomery County Recreation
2024 Summer Camps

INSTRUCTIONS: Please fill out this form completely and accurately. Be sure to attach all required additional forms for medication and immunization verification (see instructions below). If your child will attend multiple summer camps, you must provide an updated copy of this form to each camp. Forms are also available online at www.ActiveMONTGOMERY.org.

CAMP INFORMATION

CAMP NAME:	ActiveMONTGOMERY Activity Number:	CAMP START DATE:
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CAMPER INFORMATION

Child's Name:	Gender:	Age:	DOB:
Street Address:			
City:	State:	Zip:	
Parent/Guardian Name:		Parent/Guardian Name:	
Home Phone:		Home Phone:	
Mobile Phone:		Mobile Phone:	
Daytime Phone:		Daytime Phone:	
Email:		Email:	

EMERGENCY CONTACTS

Please list two (2) emergency contacts, in case of emergency if parent/guardian is not reachable.
NOTE: Please remember to notify the persons you have listed as contacts.

Name:	Phone (during camp hours):
Name:	Phone (during camp hours):

CAMPER PICK-UP INFORMATION

My child may be released to the care of the following people (include yourself):

1. Parent/Guardian Name:	Phone (during camp hours):	
2. Parent/Guardian Name:	Phone (during camp hours):	
3. Name:	Relation:	Phone (during camp hours):
4. Name:	Relation:	Phone (during camp hours):

I release my child, _____, to the care of the individuals listed above. I understand that each authorized person must be at least sixteen (16) years old, and that my child will not be permitted to leave with anyone *not* listed above. These individuals must show identification and sign my child out each day.

RELEASE OF CAMPER AT THE END OF PROGRAM

My child, _____ has permission to walk home from camp. NO YES

I understand my child **will no longer be supervised** once they are signed out.

Parent or Legal Guardian Signature:	Date:
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CAMPER HEALTH AND INFORMATION FORM (cont.) for: _____

(Child's Name)

HEALTH INFORMATION

Child's Physician: _____

Phone: _____

Does your child have health conditions of any kind (including physical, psychiatric, and behavioral) of which we should be aware?

_____ NO _____ YES

If yes, please list and/or explain them here: _____

Are there any medications, 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 list them and/or explain them here: _____

If camper takes medication during camp hours or brings an emergency medical device, such as an epi-pen or asthma inhaler, you *must* fill out a Medication Administration Authorization form. All camp forms can be found at www.ActiveMONTGOMERY.org on the "Registration" page.

IMMUNIZATION INFORMATION

For campers who reside **within** the United States or a United States territory:

State/territory in which child resides: _____

Has your child been immunized? _____ NO _____ YES

Is this child exempt from any immunizations? __NO __YES If YES, list them:

Form MDH-896 (Immunization Certificate) **IS NOT** required.

For campers who reside **outside** the United States or a United States territory:

Country in which child resides:

Form MDH-896 (Immunization Certificate) **MUST** be completed and attached to this form.

AMERICANS WITH DISABILITIES ACT (ADA):

Program Accommodations/Modifications

The M-NCPPC, Department of Parks and the Montgomery County Recreation Department welcomes and encourages individuals with disabilities to register for programs offered by both agencies. Accommodations/modification may include:

Support Staff

Companions (volunteers)

Braille, large print materials

Assisted Listening/Auxiliary Devices

Sign Language Interpreters

Adaptive Equipment

Audio Description

To facilitate accommodations/modifications, requests should be coordinated before the program begins.

To request a modification for M-NCPPC, Montgomery Parks programs, please contact the Program Access Office at **301-495-2581**, or email ProgramAccess@MontgomeryParks.org.

To request an accommodation for Montgomery County Recreation, please contact the Therapeutic Recreation and Inclusion Services Office at **240-777-6840**, or email rec.inclusion@MontgomeryCountyMd.gov.

ACKNOWLEDGEMENT

I hereby acknowledge that all information provided on this form is accurate.

Parent or Legal Guardian Signature: _____ Date: _____