CAMPER HEALTH & INFORMATION FORM

for Montgom ery Parks and
Montgomery County Recreation
2017 S ummer 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 bring a separate copy of this form to each camp. Forms are also available online at ActiveMONTGOMERY.org.

CAMP NAME _____ ActiveMONTGOMERY Activity Number: _____

CAMPER INFORMATION

Child's Name _____ Male ☐ Female ☐ Age _____ DOB _____

Street Address _____

City _____ State _____ ZIP _____

PARENT/ GUARDIAN NAME _____

Home Phone _____
Cell Phone _____
Daytime Phone _____
Email _____

PARENT/ GUARDIAN NAME _____

Home Phone _____
Cell Phone _____
Daytime Phone _____
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 _____

Name _____ Phone _____

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. Name _____ Relation _____ 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 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's Signature _____ Date _____

CAMPER HEALTH & INFORMATION FORM (cont.) for _____
Child's Name

HEALTH INFORMATION

Child's Physician: _____ Phone: _____

Does your child have health problems 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 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 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: _____

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

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

Form DHMH-896 (record of vaccination or immunity) **MUST** be completed and **attached to this form**.

Country in which child resides: _____

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/modifications can include:

Support Staff	Companions (Volunteers)	Braille, large print materials	Audio Description
Sign Language Interpreters	Adaptive Equipment	Audio Description	Assisted Listening/Auxiliary Devices

To facilitate an accommodation/modification, 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 240-777-6870 or email rec.mainstream@MontgomeryCountyMd.gov.

Parent or Legal Guardian's Signature: _____ Date: _____