



**Program Name:** \_\_\_\_\_  
**Program Location:** \_\_\_\_\_  
*One form per site*

## PARTICIPANT HEALTH AND INFORMATION FORM

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

**General Information:** (Please Print)

Participant Name \_\_\_\_\_ Grade entering in fall \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Parent/Guardian 1** – Name \_\_\_\_\_ Email Address \_\_\_\_\_  
 Main Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

**Parent/Guardian 2** – Name \_\_\_\_\_ Email Address \_\_\_\_\_  
 Main Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

**Dismissal / Emergency Contact Information:**

Person (other than parent) authorized to pick up participant and may be contacted in case of emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
 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)*

**Please indicate your child's swimming ability:**

\_\_\_\_\_ Non-Swimmer/Beginner      \_\_\_\_\_ Intermediate-Advanced Swimmer

***If water activities are a part of the program:***  
*Non-Swimmers/Beginners will not be swim tested and restricted to areas of 3 ½ feet of water.*  
*Intermediate-Advanced swimmers will be swim tested. If the test is passed, they will have full access to the swim area.*

**Sunscreen and Insect Repellent Consent:**

**It is recommended that parent/guardian** apply these products to their child prior to arriving at the program. Staff can assist the child during the day if spray product is provided and the signature line, date and appropriate boxes are checked below.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_  **Camper can apply**     **Permission for staff to apply**  
*(Parent/Guardian must supply the product, clearly labeled with their child's first and last name on the bottle.)*

**Medication:**

Is the participant taking any medication?  No  Yes *If yes, please list:* \_\_\_\_\_  
 Will the participant need to take medication during program hours?  No  Yes  
***If yes, you will need to complete a medication authorization form (visit [www.rockvillemd.gov/camps](http://www.rockvillemd.gov/camps) to download the form)***

**PARTICIPANT NAME:** \_\_\_\_\_ **PROGRAM:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_

**Health issues and modifications** (if more space is needed, check here  and include an attachment):  
Are there any health problems including physical, psychiatric, or behavioral 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) \_\_\_\_\_

**Information required by state regulations:**  
Participant's Primary Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_  
Date of Last Tetanus Shot \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Unknown

For campers who reside <b>within</b> the United States, a United States territory, or the District of Columbia:	OR	For campers who reside <b>outside</b> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list _____		2. Attach <a href="#">Department form DHMH-896</a> (record of vaccination or immunity)

**AGREEMENT TO PARTICIPATE**

**I understand:**

1. That there are inherent dangers involved in participation in program activities.
2. That I am aware of the risks and hazards related to this activity.
3. The rules and regulations for each activity, as explained in any written materials and/or explained by staff.
4. The City reserves the right to use photographs or videos taken of the program that may include the participant.

**I agree:**

1. To obey the rules and regulations for this activity and to follow the directions of the staff.
2. To inform a staff member of any dangerous or potentially hazardous situation I have observed.
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 the activity.
4. To inform a staff member if I have any problem meeting the physical requirements necessary for participation in this activity.

_____ <b>Signature of Participant (8 years and older must sign)</b>	_____ <b>Date</b>
Parent/Guardian: By my signature below, I hereby certify that I have reviewed the above "Agreement to Participate" with my child and that he/she understands his/her responsibilities as a participant.	
_____ <b>Signature of Parent/Guardian</b>	_____ <b>Date</b>

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** \_\_\_\_\_