PARTICIPANT HEALTH AND INFORMATION FORM

General Information:

Participant Name_____ Preferred Name/Nickname _____

Primary Language _____ Grade entering in fall _____ Birth Date_____

Street Address _____ City _____ State _____ Zip _____

Parent/Guardian 1_____ Phone Number _____

Parent/Guardian 2_____ Phone Number _____

Email Address _____

Emergency Contact Person (other than parent) _____Phone Number _____

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

List the names of all individuals, other than parents, who are authorized to pick up your child from camp (over 16 years of age)

_____

Swimming Ability:

☐ Non-Swimmer (do not swim test) ☐ Beginner (swim test with caution) ☐ Intermediate/Advanced (Swim Test)

If water activities are a part of the program: non-swimmers will be restricted to shallow water, not to exceed 3 ½ feet. All other levels will be swim tested. If the test is passed, participant will have full access to the swim area.

Sunscreen and Insect Repellent Consent:

Sunscreen products should be applied prior to arriving at the program. Staff can assist with reapplying during the day if spray product is provided permission is given.

☐ Permission for camper to apply ☐ Permission for staff to apply ☐ Permission for camper and staff to apply.

(Note: Parent/Guardian must supply the product, clearly labeled with their child's first and last name on the bottle.)

Health Information:

Participant's Primary Physician _____ Physician's Phone _____

List any medications that the participant takes regularly. If none, list "none" _____

Does this participant have any allergies that require medication at camp (i.e. Benadryl, Epi-Pen, etc.) ☐ No ☐ Yes

List allergies that require medication. If none, list "none" _____

List any dietary restrictions, special needs, medical, physical, psychiatric, or behavioral conditions that we should be aware of. If none, list "none" _____

Medications at Camp:

Will the participant need to take medication during program hours? (including allergy medications listed above) ☐ No ☐ Yes

Will the participant have an inhaler at camp? ☐ No ☐ Yes

If yes, you will need to complete a Medication Authorization Form (visit www.rockvillemd.gov/camps to download the form)

Does this participate reside OUTSIDE of the United States or a United States Territory? ☐ No ☐ Yes

List any immunizations that this participant is exempt from. If none, list "none"_____

If participant resides outside of the U.S. or U.S. territory, attach record of vaccination on MDH Form 896 (visit https://health.maryland.gov/phpa/oideor/immun/shared%20documents/mdh_896_form.pdf to download the form)

Parent/Guardian Review:

Initial below to verify, to the best of your knowledge, all information listed above is accurate.

Parent/Guardian Initials _____ **Date** _____

Office Use Only:

Program Name: _____

Program Location: _____

Program Session: _____

Program Date: _____