



Health History & Emergency Form - 2012

This form is due no later than May 15th.
Please submit with most current immunization record.

Camper's Last Name _____, First _____
 Male Female Birthdate ____/____/____ Grade Entering Fall 2012 _____

Mother's Last Name _____, First _____
Phone (H) _____ Phone (W) _____ Phone (C) _____

Father's Last Name _____, First _____
Phone (H) _____ Phone (W) _____ Phone (C) _____

Emergency Contact Name (other than parent) _____
Phone (H) _____ Phone (W) _____ Phone (C) _____

Primary Care Physician's Name _____ Phone _____
Address _____

Health Insurance Co _____ ID/Policy # _____
Parents **MUST** carry health and accident insurance for each child in attendance.

Date of Camper's Last Tetanus shot (listed as DTP - found on immunization record) _____

My child will be bringing the following medication(s) to camp:

Epi-Pen Benadryl Inhaler Other (describe) _____

Note: Any medication to be administered at It's All Fun & Games day camp (including over-the-counter) **MUST** be accompanied by a Physician's note explaining dosage, must be in it's original labeled container, must be self-administered, and upon arrival, must be dropped off directly at the Office for registration. Medication should not be left with a child under any circumstances!

DESCRIBE AND LIST ANY CURRENT HEALTH CONDITIONS requiring medications, treatment or special restriction while at camp. DESCRIBE ANY PAST MEDICAL TREATMENTS; IMMUNIZATION; ALLERGIES (SPECIFIC TYPE); HEALTH PROBLEMS; INCLUDING ANY PHYSICAL, PSYCHIATRIC, OR BEHAVIORAL PROBLEMS; AND ANY DIETARY OR OTHER SPECIAL NEEDS you feel pertinent to your child's care. DESCRIBE ANY EMERGENCY MEDICAL INSTRUCTIONS regarding allergies or medical conditions including signs/symptoms to look for, what to do if they appear, and any actions to take to prevent an incident.

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Camper's Last Name _____, (First) _____

***IMPORTANT NOTE: An Immunization record MUST BE submitted EVERY YEAR to complete the registration process, even if your child attended camp last year. Without this updated information your child will not be allowed to attend camp.**

Did your child attend a Maryland public or private school in 2011 - 2012?*

_____ Yes If YES - You (parent), your child's physician or your child's school must forward a copy of the camper's most recent immunization record. (Photocopies are acceptable and do not need to contain an original physician's signature on the record.)

Please also provide name of most recent school here:

_____ No If NO - You MUST forward a copy of your child's most recent immunization records SIGNED BY YOUR CHILD'S PHYSICIAN, as required by the State of Maryland Department of Health.

CARE AND TREATMENT CONSENT

I, (print your name) _____, the parent/guardian of

(print child's name) _____, give *Valleybrook Country Club, LLC* and/or *It's All Fun & Games, LLC* staff authorization and consent to treat my child for illness and injury as needed. In case of a medical emergency, *Valleybrook Country Club, LLC* and/or *It's All Fun & Games, LLC* staff have my consent and authorization for a physician or medical facility to treat my child for injuries sustained in the event that I am not able to be contacted for the consent of treatment. In the event of a medical emergency, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at *Valleybrook Country Club, LLC* and/or *It's All Fun & Games, LLC* to have your child transported to that hospital by ambulance if necessary.

Signature of Parent/Guardian: _____ Date: _____