



Health History & Emergency Form - 2010

Camper's Last Name _____, First _____

Male Female

Birthdate ____/____/____

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 _____

PLEASE DESCRIBE AND LIST:

Current health conditions requiring medications, treatment or special restriction while at camp. (Any medication administered at It's All Fun & Games day camp **MUST** be in it's original labeled container and accompanied by a Physician's note explaining dosage. All medication must be self-administered.)

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.

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.

Health Insurance Co _____ ID/Policy # _____

Parents **MUST** carry health and accident insurance for each child in attendance.

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

Did your child attend a Maryland public or private school in 2009 - 2010?* _____ Yes _____ No

If YES - A parent, physician or child's school should forward a copy of camper's most recent immunization record. Provide name of most recent school here: _____

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.

***IMPORTANT NOTE: An Immunization record **MUST BE** submitted or resubmitted **EVERY YEAR** in order to complete the registration process. Without this updated information your child will not be allowed to attend camp.**

Camper's Last Name _____, (First) _____

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: _____

MEDICATION & SUNSCREEN CONSENT

I understand that medication cannot be administered by staff members pursuant to the Annotated Code of Maryland, and COMAR regulation 10.16.06.33. I consent as parent/guardian to allow my child to self-administer, supervised by a staff member, the following non-prescription medications noted below as needed: (Check box of any allowed):

- | | | |
|-----------------------------------------------------|-----------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Children's Benedryl (Oral) | <input type="checkbox"/> Benedryl (Oral) | <input type="checkbox"/> Benedryl (Cream) |
| <input type="checkbox"/> Antibiotic Ointment | <input type="checkbox"/> Sunscreen with PABA* | <input type="checkbox"/> PABA free Sunscreen* |

*NOTE: Sunscreen is not supplied by camp. First application of sunscreen must be given prior to camper arriving at camp each day. Campers must keep their own supply of sunscreen in their cubby, labeled with their name, for reapplication.

Any medication brought to It's All Fun & Games day camp MUST be in it's original labeled container. All medications must be brought immediately to the camp office and must be accompanied by a Physician's note or medication order explaining dosage. All medication must be self-administered.

Signature of Parent/Guardian: _____ Date: _____