



# CAMPER HEALTH AND INFORMATION FORM

for Montgomery Parks and Montgomery County Recreation  
2018 Summer 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 [www.ActiveMONTGOMERY.org](http://www.ActiveMONTGOMERY.org).

## CAMP INFORMATION

CAMP NAME:	ActiveMONTGOMERY Activity Number:
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## CAMPER INFORMATION

Child's Name:	Gender:	Age:	DOB:
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Street Address:

City:	State:	Zip:
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Parent/Guardian Name:	Parent/Guardian Name:
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Home Phone:	Home Phone:
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Cell Phone:	Cell Phone:
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Daytime Phone:	Daytime Phone:
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Email:	Email:
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## 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 (during camp hours):
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Name:	Phone (during camp hours):
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## 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):
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2. Parent/Guardian Name:	Phone (during camp hours):
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3. Name:	Relation:	Phone (during camp hours):
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4. Name:	Relation:	Phone (during camp hours):
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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 THE 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 Signature:	Date:
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**CAMPER HEALTH AND 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 them 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 [www.ActiveMONTGOMERY.org](http://www.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:

\*Record of vaccination or immunity is **not** required.

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/modification may 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](mailto: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](mailto:rec.mainstream@MontgomeryCountyMd.gov).

### ACKNOWLEDGEMENT

I hereby acknowledge that all information provided on this form is accurate.

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_