

2009 CAMPER HEALTH HISTORY FORM

Child's Name _____ Birth-date _____ Age _____ Sex: M / F
Last First Initial

The following information is required for a camper to be admitted to day camp:

CAMPER IMMUNIZATION INFORMATION:

All campers must be current on all immunizations, see www.EDCP.org (Immunization).

1. Provide date (month and year) of last tetanus (or DTP) shot: _____
2. Is the camper currently enrolled in Maryland school, public or private?
 - Yes, provide name of Maryland school _____
 - No, provide a copy of immunizations confirming that the child has received all immunizations as required by the Maryland DHMH Recommended Childhood Schedule. See www.EDCP.com (Immunization) for information.
3. Is the camper exempt from any immunization on medical or religious grounds? These campers will immediately be removed from camp if a medical outbreak occurs. Campers will not return until it is deemed safe by a health professional.
 - Yes, provide a signed copy of Maryland Department of Health and Mental Hygiene Immunization Certificate from either a licensed physician indicating that the immunization is medically contraindicated, or the parent or guardian indicating that they object to immunizations for religious reasons.
 - No

CONTACT INFORMATION:

Parent or Legal Guardian _____ Phone _____
Emergency Contact Person _____ Phone _____
Camper's Physician: _____ Phone _____

HEALTH INFORMATION: Provide information on any medical conditions, psychological conditions, behavior conditions, medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive. _____

NOTE: With the exception of an Epipen or an inhaler, the Camp staff cannot dispense medication. Campers may self-medicate if someone is designated to watch them. The Camp director needs a letter from the child's doctor saying that it is okay for them to self-medicate.

Parent or Legal Guardian _____
Signature _____ Date _____