

Baltimore County Department of Recreation and Parks
and Cromwell Valley Park Council

**CAMP
REGISTRATION / MEDICAL RELEASE FORM**

Attention parents/guardians: It is necessary that you read and complete all information for the protection of your child.

WEEK:

OFFICE USE ONLY:

Completed Medical Release: _____

Paid _____

Check No. _____

Cash _____

Camper's Name _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Birth Date _____ Age _____ Male _____ Female _____

Name of School _____ Entering Grade _____

(Participants who are home schooled or attend a school outside of Maryland must provide a MD Immunization Certificate.)

Emergency Contact #1 _____ Phone No. _____

Emergency Contact #2 _____ Phone No. _____

Primary Physician's Name _____

Physician's Phone Number _____ *Date of Last Tetanus _____

Name of Medical Provider _____ Policy No. _____

Please list any **special medical conditions (be specific)**, allergies, illnesses etc.: _____

Please list any assisting accommodation your child needs: _____

Please list any medications your child takes and/or may need during camp: (Note: Camp staff cannot administer any medications, prescription or non-prescription to campers. Also staff cannot be responsible for the storage of medication. Campers will be allowed to self-medicate). _____

I give my permission for camp leaders to call emergency medical systems and 911 should the need arise: Yes ____ No ____

I understand I will be notified in case of an emergency.

I understand that all reasonable care will be taken to insure my child's safety. I hereby approve of the terms of this registration/medical release form. I further agree that I will not hold any Recreation Council, organizer, leader, sponsor, supervisor, volunteer leader or participant responsible for injuries or any unforeseen accident while participating in this program, or while traveling to and from or being transported for this activity. I hereby acknowledge that I have read and fully understand the above-mentioned facts. I further certify that all answers, to the best of my knowledge, are true and correct.

Parent/Guardian Signature _____ Date _____

I am interested in helping with this program: Yes _____ No _____

*** Tetanus date must be listed.**