

CAMPER HEALTH HISTORY-SUMMER ENRICHMENT CAMP

Child's Name: _____

The following information is required for a camper to be admitted to the Summer Camp

CAMPER IMMUNIZATION INFORMATION

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

1. Provide date (month/year) of camper's last tetanus (or DTP) shot _____
2. Is the camper currently enrolled in a 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 Immunization Schedule. See www.EDCP.org (Immunization) for information.
3. Is the camper exempt from any immunizations on medical or religious grounds?
_____ YES, provide a signed copy of Maryland DHMH 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, behavioral 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.

Parent or Legal Guardian's Signature: _____ Date: _____