Camper Health History and Consent Form

Child's Name: ______________________________

The Following information is required for a camper to be admitted to a 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 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 immunization on medical or religious grounds?
   ☐ YES, provide a signed copy of Maryland Department of Health and Mental Hygiene
   Immunization Certificate from either a licensed physician indication that the immunization is
   medically contraindicated, or the parent or guardian indication 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:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

In case of emergency, I give my permission that my son/daughter, ________________________,
receive any necessary treatment while participating in any camp activity.

Signing this release form also constitutes a release agreement for any photographs and/or video tapes of students taken
during YES programs and for any comments solicited by Cecil Community College to be used for public relations purposes.

Parent or Legal Guardian Signature: _________________________ Date: _________________________