

Camper Health and Registration Form Oxford Kids Camp 2015

Child's Name _____ Age _____ Birth date / / _____ Grade entering _____

Home Mailing Address _____ City _____ State _____ Zip _____

Parent(s)Name(s) _____

Contact Phone Number(s) _____

Summer Guardian(s) _____

Summer Mailing Address _____

Summer Phone _____ **Summer Email Address** _____

Person to call in an emergency (other than parent) _____

Phone number of emergency contact person _____

Health Information required for your camper's registration

Family Physician _____
Address _____ Phone _____
<i>Physician name, address, and phone number are required to complete your camper's registration</i>

1. Do you know any health factor that makes it advisable for your child to follow a limited program of physical activity while at the Oxford Kids Camp?

Recent surgery or illness _____ Date _____

Recent broken bones, sprains, etc. _____ Date _____

Asthma, heart condition, diabetes, other diseases or special needs (list) _____

Psychological, emotional, or behavioral conditions _____

Psychotropic medications taken by your child _____

Allergies (list) _____

Treatment for allergies or dietary restrictions _____

Allergic to bee sting. Treatment for bee sting _____

CAMPER IMMUNIZATION INFORMATION

2. **My child is enrolled in a Maryland school** (if your child does not attend a MD school go to #3)

Name of Maryland school, public or private _____

Address _____

Date (month and year) of camper's last tetanus (or DPT) shot: _____

3. My camper does not attend a Maryland school

Name of school _____

Address _____

a. My child has been immunized against diphtheria, tetanus, pertussis, polio myelitis, measles(rubeola), rubella (German Measles) and mumps, as set forth in Maryland State law/COMAR 10.06.04?

Yes (complete "1" and "2") No (complete "3")

(1) Date (month and year) of last tetanus shot _____

(2) **Attach:** proof of immunization

(3) **Attach: 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.**

4. To help us supervise your child at camp, the following information is necessary: Yes, my child will be bringing medication (prescription or over-the counter drugs) to camp and will be self-administering it. **Please fill out Medications form and attach to this health form.**

6. Other health factors that may affect the care of my child? _____

This health history is correct as far as I know, and the person herein described has permission to engage in all activities, except as noted by me.

Signed _____
(parent or legal guardian)

Date _____