

Day Camp Participant Profile

This form must be completed in full for all participants. Participant will not be allowed to attend without this form completed



■ Site Name(s) _____ Course Bar Code #'s _____

1. PARTICIPANT INFORMATION

Participant Name _____ ParkPASS Customer# _____

Age _____ DOB _____ M / F _____ T-shirt Size _____

Parent/Guardian's Full Name _____ County _____

Street Address _____ City/State/Zip _____

Mother/Guardian (H) _____ (W) _____ (cell) _____

Father/Guardian (H) _____ (W) _____ (cell) _____

Emergency Contact (other than Parent/Guardian) (H) _____ (W) _____ (cell) _____

Maryland school attended this year _____

Please note: A participant 18 or under who does not attend a Maryland public or private school, kindergarten through 12th grade, must attach an age appropriate immunization record to this form (i.e., home schoolers, out-of-state schools). Is the participant exempt from immunization for religious or medical reasons? Yes No If yes, the Maryland Department of Health and Mental Hygiene Immunization Certificate must be completed and attached to this form. Program staff can provide you with this form.

2. HEALTH INFORMATION

WHERE MEDICAL RECORDS ARE KEPT ON PARTICIPANT

Primary Care/Clinic Name _____ Phone Number _____

Health Insurance Co. _____ Policy # _____

Please check all that apply to this participant:

- Deaf or hard of hearing
- Legally blind
- Uses mobility aide (i.e. wheelchair, braces, etc.)
- Developmental disability (i.e. autism, mental retardation, etc.)
- Attention deficit hyperactivity disorder (ADHD)
- Behavioral/emotional disorder
- Special needs/Disability accommodation requested - please elaborate _____
- Other health concerns - please elaborate _____

Camper currently takes medication? Yes No

If yes, name the medicine, dosage, time(s) given, and doctor's name.

Date of last tetanus or DPT shot (info required by state law)

Month/Year _____

Participant requires special health care? If yes, please explain (i.e. inhaler, epi-pen, etc.).

Limits on participant's physical activities? Yes No

If yes, specify. _____

Participant has allergies? Yes No

If yes, specify. _____

Participant has seizures? Yes No

Medication for seizures? If yes, name the medicine and usual treatment.

Medication: _____

Date of last seizure: _____

Treatment: _____

A Medication Profile Form with physician's authorized signature is required in advance for any medication (including non-prescription) distributed at the program or medical device/procedure used at the program.

Continued on reverse →

3. PARTICIPANT RELEASE AUTHORIZATION

The M-NCPPC Day Camp is authorized to release my child,

PARTICIPANT NAME

to the following individuals who may pick up my child from the Day Camp. I understand that each authorized person must be at least sixteen (16) years old, and that my child will **NOT** be permitted to leave the camp with anyone not listed at right. All authorized individuals will be required to show identification and sign the child out each day. My child may be released to the following people (**include yourself**):

Name	Phone Number	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Departure Procedure:

What do you wish the departure procedure to be for your child?

- Wait for authorized person Other (detail specifics)

4. LATE PICK UP POLICY

A late fee may be assessed for participants who are not picked up by the program’s scheduled closing time. Please contact facility for details on their late pick-up fee policy. We understand that emergencies do arise and request that parents call the campsite if they are delayed. However, late charges may still be assessed. Payment is due upon pick-up of the participant. **Thank you for your cooperation in ensuring your participant is picked up from the program on time.**

5. ACTIVITY/PROGRAM FIELD TRIP LIABILITY REALEASE/AUTHORIZATION

I hereby give permission for the applicant to participate in all program activities, including field trips in approved vehicles (Board of Education buses, M-NCPPC vans and coach buses) and agree to release The Maryland-National Capital Park and Planning Commission, its officers, employees, and agents, from all liability arising from any harm or injury incurred by the participation of my child in the program stated above.

I hereby represent and warrant that if the participant is a minor, I am his/her parent or guardian and am authorized to provide the releases, authorizations, and permissions as stated below.

Unless otherwise indicated by a parent in writing at the time of registration, photographs of participants for use in Commission publications may be taken while participating in the program activities. No personal information other than the participant’s first name will be released under any circumstances.

By way of copy of this form, I authorize the staff of The Maryland-National Capital Park and Planning Commission to obtain medical/hospital treatment for the above participant in the event of an emergency.

X _____
SIGNATURE OF PARENT/GUARDIAN IF PARTICIPANT IS UNDER 18

Print name of parent/guardian (Date)

X _____
SIGNATURE OF PARENT/GUARDIAN IF PARTICIPANT IS UNDER 18

Print name of parent/guardian (Date)

