

CAMPER HEALTH AND INFORMATION FORM

for Baltimore White Marsh Adventist School

2024 Summer Enrichment Camp



INSTRUCTIONS: Please fill out this form completely and accurately.

CAMPER INFORMATION

Child's Name:		Gender:	Age:	DOB:
Street Address:				
City:	State:	Zip:		
Parent/Guardian Name:		Parent/Guardian Name:		
Home Phone:		Home Phone:		
Mobile Phone:		Mobile Phone:		
Daytime Phone:		Daytime Phone:		
Email:		Email:		

EMERGENCY CONTACTS

Please list at least one (1) emergency contact, in case of emergency if parent/guardian is not reachable.
NOTE: Please remember to notify the persons you have listed as contacts.

Name:	Phone (during camp hours):
Name:	Phone (during camp hours):

CAMPER PICK-UP INFORMATION

My child may be released to the care of the following people (include yourself):

1. Parent/Guardian Name:	Phone (during camp hours):	
2. Parent/Guardian Name:	Phone (during camp hours):	
3. Name:	Relation:	Phone (during camp hours):
4. Name:	Relation:	Phone (during camp hours):

I release my child, _____, to the care of the individuals listed above. I understand that each authorized person must be at least eighteen (18) years old, and that my child will not be permitted to leave with anyone *not* listed above. These individuals must show identification and sign my child out each day.

Parent or Legal Guardian Signature:	Date:
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CAMPER HEALTH AND INFORMATION FORM (cont.) for: _____
(Child's Name)

HEALTH INFORMATION

Child's Physician Name: _____ Phone: _____

Date of Last Doctor's Visit/Check Up: _____

Do you have any medical or activity restrictions? No Yes If yes, please explain below.
Explain: _____

HISTORY (Check all that apply)

<input type="checkbox"/> Asthma	<input type="checkbox"/> Hypertension	ALLERGIES (select below and give name or description)	
<input type="checkbox"/> Bleeding/ Clotting Disorders	<input type="checkbox"/> Kidney Stones	<input type="checkbox"/> Animals:	
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Drug :	
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Sore Throats	<input type="checkbox"/> Foods :	
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Special Dietary Needs	<input type="checkbox"/> Insects :	
<input type="checkbox"/> Fainting	<input type="checkbox"/> Stomach Upset	<input type="checkbox"/> Plants :	
<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Other, Explain Below	
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Personality Disorder/Behavioral Issues (explain below)		

Other Explain: _____

Operations or serious injuries: Type _____ Date _____ Type _____ Date _____

Chronic or recurring illnesses or medical conditions: _____

List Any Dietary Restrictions: _____

MEDICATIONS

Will this camper take any daily medications while attending camp? No Yes

If camper takes medication during camp hours or brings an emergency medical device, such as an epi-pen or asthma inhaler, you *must* fill out a Medication Administration Authorization form.

All camp forms can be found at www.bwmschool.org/enrichment on the "Register" page.

Additional Information: **Please provide in the space below** any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

IMMUNIZATION INFORMATION

Date of Last Tetanus Shot: _____ Are all immunizations up to date? Yes No

Does the camper have any immunization exemptions because of parent/guardian objection or medical contraindication?
 No Yes, List _____

ACKNOWLEDGEMENT

I hereby acknowledge that all information provided on this form is accurate.
Parent or Legal Guardian Signature: _____ Date: _____