

**UMBC SUMMER DAY CAMP
MEDICAL INFORMATION FORM
NO CAMPER WILL BE PERMITTED TO ENTER CAMP WITHOUT THIS MEDICAL FORM**

Date: _____

Camper's name: _____ Camper's Date of Birth: _____

Camper's address: _____

Guardian's name: _____ Telephone: (h) _____ (w) _____

If unable to contact above parent/guardian, please notify:

Name: _____ Telephone: _____

or

Name: _____ Telephone: _____

Is camper enrolled in a Maryland public or private school? ____ Yes ____ No

If yes, what school system: _____

Is your child exempt from immunizations because of religious or medical reasons? ____ Yes ____ No

The examination of _____ was within normal limits with the following exceptions:

Immunizations have been completed: ____ Yes ____ No

Date of most recent tetanus booster: _____

Allergies: _____

Medications/Name/Dose/When taken: _____

Other Medical Concerns: _____

Limitations to Activity: _____

Primary Health Care Provider Information

Printed Name: _____ Signature: _____

Address: _____ Telephone: _____

Health Insurance Company: _____

If you are an out of state camper, please attach complete immunization record.

Please return to: **UMBC SUMMER DAY CAMP (RAC 321A), 1000 Hilltop Circle, Baltimore, MD 21250**

**UMBC SUMMER DAY CAMP
PARENTAL CONSENT FORM
NO CAMPER WILL BE PERMITTED TO ENTER CAMP WITHOUT THIS MEDICAL FORM**

Dear Parents of Children in the UMBC Summer Day Camp Program:

The following is a parental consent permit from the Athletic Department at UMBC. This consent form is to be filled out by the parent/guardian to be used if any medical attention is needed for your child during his/her participation in the UMBC Summer Day Camp.

We would appreciate your signing after careful reading.

Sincerely,

Jeff Moore
Summer Day Camp Director

Parental Consent for Medical Treatment

The law requires that parental permission be obtained for medical procedures on minors. The following consent form should be signed by parents/guardians so that such procedures may be carried out without delays. However, no major medical procedures will be performed, except in extreme emergency, without parents or guardians being contacted and fully informed.

I give permission for such diagnostic/therapeutic procedures as may be deemed necessary for my child, and to present information concerning his/her medical condition to other responsible University officials when requested.

Child's Name: _____ Date: _____

Parent/Guardian's Name: _____

Parent/Guardian Signature: _____

Relationship to camper: _____

Is your camper covered by health insurance for doctors and hospital bills? _____

If "yes" what company? _____

Policy # _____

Policy Holder Name _____

Please name all persons allowed to pick up your child:

UMBC SUMMER DAY CAMP
CONSENT FOR ADMINISTRATION OF APPROVED MEDICATIONS
University Health Services
NO CAMPER WILL BE PERMITTED TO ENTER CAMP WITHOUT THIS MEDICAL FORM

Camper's Name: _____ Date of Birth: _____

Medication Allergies/Sensitivities:

List any medication(s) your child receives on a regular basis:

I hereby give permission for my child, _____ to receive any medication listed below on this form as deemed necessary by the Registered Nurse-School Nurse. I have checked those medications I wish to be made available to my child. I understand that generic equivalent medications will be used in place of more expensive brand-name item.

Please check any medication you wish to be made available to your child:

For

Headache/Fever/Earache/Muscle Aches/Pain/Menstrual Cramps	Bites/Stings/Allergic Rashes	Sore Throat
<input type="checkbox"/> Acetaminophen (like: Tylenol)	<input type="checkbox"/> Anti-Itching Lotion (like: Calamine)	<input type="checkbox"/> Throat Lozenges
<input type="checkbox"/> Ibuprofen (like: Advil)	<input type="checkbox"/> Anti-Itching Cream (like: 1% Hydrocortisone)	
	<input type="checkbox"/> Topical Anesthetic (like: Medcaine)	
Upset Stomach	Mild Allergic Reactions	Coughs
<input type="checkbox"/> Antacid (like: Tums or Maalox)	<input type="checkbox"/> Diphenhydramine (like: Benadryl)	<input type="checkbox"/> Cough drops

I understand that the medications I have checked will be administered by the staff at University Health Services in accordance with their established protocols.

I do not want any medication given to my child at UMBC Summer Day Camp.

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

Home Telephone _____ Work/Emergency Phone _____