

Towson University Summer Camps

COMMUNITY ART CENTER

SUMMER ART CAMP

Health & Information Form: Participant

(Please Print)

Instructions: Please complete this form carefully and accurately, and **return it to the Community Art Center by May 15**. Be sure to attach all required additional forms for medication and for immunization verification (see instructions below). **You may send the form by mail or fax, or email a scanned image.**

Mail to:
Community Art Center
Towson University
8000 York Rd.
Towson, MD 21252-0001
Fax: 410-704-2810
Email: cac@towson.edu

Participant Information • Camp Session(s): _____

Child's Name: _____ Child's Age: _____ DOB: ____ / ____ / ____

Parent/Guardian Name(s): _____ Child: Male Female

Address: _____

Home Phone: _____ Cell Phone: _____

Day Phone #1: _____ Day Phone #2: _____

In case of emergency and a parent is not available, list two emergency contacts:

Contact: _____ Phone(s): _____

Contact: _____ Phone(s): _____

Child's Health Insurance: _____ Policy #: _____

Doctor's Name: _____ Phone: _____

Release Authorization

At the conclusion of the program day, I authorize the following people **other than parents** to pick up my child from camp: (Please note, individuals you authorize must be at least 16 years old)

1. _____ Phone(s): _____

2. _____ Phone(s): _____

3. _____ Phone(s): _____

4. _____ Phone(s): _____

I understand that my child will only be released to these individuals, and they will be expected to sign my child out each day and may be requested to show identification.

Signed: _____

Immunization Requirements

All children who attend Towson University Summer Camps must have current immunizations that are consistent with State of Maryland school requirements.

- Day Camper: my child is registered at a Maryland licensed school. School Name: _____
(Note: Attending a licensed public or private school or day care in the state of Maryland verifies immunization.)
- ▶ **Note: A Maryland Immunization Certificate must be attached if you check either of the boxes below.**
- ▶ Residential Camper: my child is attending a residential camp program at Towson University.
- My child is not registered in a Maryland licensed school or day care (*i.e.*, Your child is not yet registered in any school or day care, is home schooled, or attends an out-of-state school). In this case, you must provide a copy of immunizations confirming that your child has received all immunizations as required by the Maryland DHMH Recommended Childhood Immunization Schedule.
- My child must be exempted from immunization on medical or religious grounds. In this case, you must provide 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 as a parent or guardian indicate on the form that you object to immunizations for religious beliefs.

Health Information

Print Name of Child: _____

- Date of Child's last Tetanus shot (month/year) _____ (**must be completed for child to attend.**)
- Are there any identified health issues (including but not limited to asthma, diabetes and epilepsy) that may need emergency treatment? No Yes (**If yes, provide physician's statement**)
(Note: For emergency medical treatment, 911 will be called.)
- **An Authorization for Medication form must be attached if your child must receive medication during program hours.**
List medications and dosages: _____
- List all pertinent information regarding any health problem(s) including physical, psychiatric, behavioral, or other problems. Please help us serve your child by being specific.

- List your child's allergies: _____

Registration Release Statement

The participant assumes all risks associated with participation in the program; the University assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, the University encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant consents to emergency treatment. The participant also consents to the University's use of any photographs taken or video tapes made of the program. If the participant is a minor, the parent/guardian approves of his or her participation in the program. By signing here, I verify that all information on this form is correct, and I agree with the release statement above.

Parent Signature: _____

Date: _____