

SUMMER! KIDS@CARROLL & TEEN COLLEGE HEALTH & EMERGENCY CONTACT FORM

This form must be completed for each child and received in Continuing Education & Training at the time of registration. You may FAX the completed form to Continuing Education & Training at 410-386-8111. This form may be photocopied or go to www.carrollcc.edu/summerkids to print additional forms.

Contact Information

Child's Full Name: _____ Child's Date of Birth: _____

My child is registered for the following weeks: June 25 July 2 July 9 July 16 July 23 July 30 Aug. 6

Mother/Guardian Name: _____

Phone: Home: _____ Work: _____ Cell: _____

E-mail: _____

Father/Guardian Name: _____

Phone: Home: _____ Work: _____ Cell: _____

E-mail: _____

Name(s) of Authorized Adult(s) picking up the student:

In an emergency contact:

• Name: _____ Relation to Child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

• Name: _____ Relation to Child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

• Name: _____ Relation to Child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

• Camper's Physician's Name: _____ Phone Number: _____

My child has my permission to be photographed, interviewed, or video taped while attending Kids@Carroll programs for possible use in print and web marketing: Yes No

Health Information

1) All campers must be current on all immunizations, see www.EDCP.org (Immunization)

a. Full Date of last Tetanus (or DTP) shot (required by the DHMH) month _____ day _____ year _____

Child's Full Name: _____

Health Information *(continued)*

b. Is the student currently enrolled in a MARYLAND public or private school?

YES provide name of Maryland school _____

NO provide a copy of immunizations confirming that the child has received all immunizations as required by the Maryland DHMH Recommended Childhood Immunization Schedule. See www.EDCP.org (Immunization) for information

c. Is the student exempt from any immunization on medical or religious grounds?

YES 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* the parent/guardian indicating that they object to immunizations for religious reasons.

NO you must provide documentation as described in #1.

2) Please tell us about any allergies; mark all that apply:

Is this a life threatening allergy?

Bee sting

Yes No

Peanuts/other nuts

Yes No

Other: _____

Yes No

3) Please tell us about any other medical, behavioral or emotional conditions; mark all that apply. If your child has any special needs, please e-mail us at cet@carrollcc.edu at least three weeks in advance so we can do our best to accommodate them and provide a positive camp experience.

Asthma

ADD

Diabetes

Emotional issues

Epilepsy/seizure

Hearing impairment

Other (please explain) _____

4) Please provide any additional information that would be useful for a teacher or nurse to know.

5) Please tell us what medications your child is currently taking.

A registered nurse will be on duty during most of the program hours and is authorized to administer medications provided documentation requirements are met. **If you want the college to administer medication to your child during program hours or if your child requires rescue medicine (inhaler or EpiPen), you must complete a Medication Administration Authorization Form. This form must be filled out by the doctor and signed by both the doctor and the parent.** You may secure this form on the College's website at carrollcc.edu/summerkids or by calling Continuing Education & Training at 410 386-8100. No medication will be accepted without this completed form.

All medication (both over the counter and prescription) must be in the original container with a legible label from a pharmacy indicating the child's name, prescriber's name, date of prescription, name of medicine, dosage, strength, time interval, number of days medication is to be given, expiration date of medication, pharmacy name and telephone number. Sample medication must be accompanied by a doctor's written prescription.

I have read and understand the above procedures. I certify the above information to be true and correct to the best of my knowledge and I take responsibility for my child's compliance with the appropriate student behavior. I understand that disruptive and inappropriate behavior may result in dismissal.

Parent/Guardian Signature _____ Date _____