

# 2019 SUMMER! KIDS@CARROLL and TEEN COLLEGE HEALTH and EMERGENCY CONTACT FORM

This form must be completed for each child each year and received in Continuing Education & Training office **no later than two weeks prior to first camp**. You may fax the completed form to Continuing Education & Training at 410-386-8111 or email scanned forms to [cet@carrollcc.edu](mailto:cet@carrollcc.edu). Visit [www.carrollcc.edu/summerkids](http://www.carrollcc.edu/summerkids) to print additional forms.

## Contact Information

Child's Full Legal Name: \_\_\_\_\_ Child's Preferred Name: \_\_\_\_\_

College ID#: (if known) \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_ Gender:  M  F

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

My child is registered for the following weeks:  June 24  July 1  July 8  July 15  July 22  July 29  Aug. 5  Aug. 12  
(may be changed at any time)

Guardian 1 Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Guardian 2 Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Name(s) of Additional Authorized Adult(s) picking up the student:  Same as above plus:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In an emergency contact:  Guardian(s) as listed above first, then: (Please supply at least one emergency contact, in case guardians can't be reached.)

• Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

• Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

## Immunization/Health Information

1) Camper's Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2) For campers who reside WITHIN the United States, a United States Territory or the District of Columbia:

1. State/territory in which child resides: \_\_\_\_\_

2. Is this child exempt from any immunizations?  No

Yes, list them: \_\_\_\_\_

For campers who reside OUTSIDE the United States, a United States territory or the District of Columbia:

1. Country in which child resides: \_\_\_\_\_

2. Attach Department form DHMH-896 (record of vaccination or immunity)

(continued on reverse)

Child's Full Name: \_\_\_\_\_ College ID (if known) \_\_\_\_\_

### Immunization/Health Information *(continued)*

3) Please tell us about any allergies. Mark all that apply:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> None that I know about | Is this a life threatening allergy?                      | <input type="checkbox"/> My child requires an EpiPen |
| <input type="checkbox"/> Bee sting              | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <input type="checkbox"/> Peanuts/other nuts     | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <input type="checkbox"/> Other: _____           | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

4) Please list any medications, dietary restrictions or special needs your child may have so we can ensure a positive camp experience:

- None
- \_\_\_\_\_
- \_\_\_\_\_

5) Are there any other physical, psychiatric, behavioral or emotional conditions of which we need to be aware? Mark all that apply:

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> None                         | <input type="checkbox"/> Asthma           | <input type="checkbox"/> ADD                | <input type="checkbox"/> Diabetes          |
| <input type="checkbox"/> Emotional issues             | <input type="checkbox"/> Epilepsy/seizure | <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Asperger's/autism |
| <input type="checkbox"/> Other (please explain) _____ |   |   |  |
- \_\_\_\_\_

If your child has needs that require special attention, please e-mail us at [cet@carrollcc.edu](mailto:cet@carrollcc.edu) at least four weeks in advance so we can do our best to accommodate them.

6) If your child must either carry or be given ANY medication during program hours, the Medication Administration Authorization Form is required by the MD State Department of Health and Mental Hygiene. No medication will be accepted without the completed Authorization form. Access the form at [carrollcc.edu/summerkids](http://carrollcc.edu/summerkids), in the Parents Handbook that you receive with your confirmation or call 410-356-8100.

IN THE EVENT OF AN EMERGENCY, you agree to release and hold harmless Carroll Community College, whose first aid certified staff may administer first aid to your child as needed and authorize Carroll Community College staff to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for your child's immediate care and agree to be responsible for payment of any and all charges for medical services rendered.

My child has my permission to be photographed, interviewed, or videotaped while attending Kids@Carroll or Teen College programs for possible use in print or web marketing. I release Carroll Community College, its Board of Trustees, officers, agents, directors, faculty/staff, and assigns from any and all claims (monetary or otherwise) that you may have related to the use of these images.  Yes  No

#### Informed Consent/Assumption of Risk

I have registered my child for Summer Kids@Carroll classes sponsored by Carroll Community College. I understand that participation in this activity/course involves inherent risks of injury, and that the nature of the risks may vary depending upon the type of activity, instructor, and my child's physical condition and conduct. I acknowledge that I will either ask for or have been given any information that I need to determine the general risks associated with this camp and its activities. I agree that my child will follow advised precautions and conform to all rules and policies of the department, instructor, and any other sponsor of this course/activity.

I voluntarily assume all risks of loss, damage, illness, or injury which my child may sustain while participating in this camp and its activities, including travel and usage of any equipment or facilities. I will make no claim against and do hereby fully and unconditionally, forever release, waive, discharge, hold harmless and indemnify, on behalf of myself (my child), my personal representatives and my heirs, Carroll Community College and its Board of Trustees, officers, agents, and employees from any and all claims and causes of action for any injury or loss, or for damages, costs, expenses, or compensation that may occur during or result from my child's participation in this camp and its activities, whether arising through the negligence, omission, default, or other action of any person or event associated with this course or event, including fellow participants.

**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.**

**I will abide by all terms in the parent handbook.**

**I have read and understand the above information. I give my permission for my child to participate in this camp and its activities and grant the same informed consent, assumption of risk, and release for myself (for my child), estate, successors, and assigns, and the child's family.**

Parent/Guardian Signature: (required) \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of Parent or Guardian \_\_\_\_\_