

## HEALTH & EMERGENCY CONTACT FORM

This information must be completed for each child and received in Continuing Education and Workforce Training along with the registration form and payment. You may **FAX** the completed form to **410-827-9222** or email scanned forms to **[amslater@chesapeake.edu](mailto:amslater@chesapeake.edu)**.

### CONTACT INFORMATION

**Child's Full Name:** \_\_\_\_\_

Birth date: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

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

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

My child is registered for the following weeks:

\_\_\_ June 26 \_\_\_ July 10 \_\_\_ July 17 \_\_\_ July 24 \_\_\_ July 31 \_\_\_ August 7

#### Parent/ Guardian Name(s)

E-mail address: \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Cell \_\_\_\_\_

#### Parent/ Guardian Name(s)

E-mail address: \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Cell \_\_\_\_\_

### NAMES OF AUTHORIZED ADULTS TO PICK UP CHILD: \_\_\_ SAME AS ABOVE PLUS

**Name** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Cell \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Cell \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Cell \_\_\_\_\_

### EMERGENCY CONTACT: (Parents will be contacted first then, Please supply at least one)

**Name** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Cell \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Cell \_\_\_\_\_

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

## IMMUNIZATION /HEALTH INFORMATION

Student's Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Is the student currently enrolled in a Maryland school, public or private? \_\_\_\_ YES \_\_\_\_ No

If yes, school name required: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Is student exempt from any immunizations? \_\_\_\_ YES \_\_\_\_ No

If yes, list them \_\_\_\_\_

Please list any Allergies:

None that I know about      Is this a life threatening allergy?

Bee Sting      \_\_\_\_ YES \_\_\_\_ No

Peanuts/Other nuts      \_\_\_\_ YES \_\_\_\_ No

Other \_\_\_\_\_

\_\_\_\_ My child carries an EPI PEN

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

\_\_\_\_\_

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

\_\_\_\_ None \_\_\_\_ Asthma \_\_\_\_ ADD \_\_\_\_ Diabetes \_\_\_\_ Emotional issues

\_\_\_\_ Epilepsy/seizure \_\_\_\_ Hearing impairment \_\_\_\_ Asperger's/Autism

\_\_\_\_ Other Please explain \_\_\_\_\_

If your child must either carry or be take ANY medication during program hours, the following documentation is required by the MD State Department of Health and Mental Hygiene.

### **MEDICATION ADMINISTRATION AUTHORIZATION FORM** DHMH-4758

### **PHOTO RELEASE**

My child has my permission to be photographed, interviewed, or videotaped while attending KOC classes for possible use in print and web marketing. \_\_\_\_ **Yes** \_\_\_\_ **No**

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:

## KIDS ON CAMPUS SELF-SIGN OUT AUTHORIZATION FORM

Teen Campers age 13 and over are permitted to sign themselves out of camp if parent authorization is on file on Chesapeake College. Once signed out they should go to the bus stop in front of the HPAC building (Health and Professions Athletic Center), where they may be picked up.

If you want your child to be released without your presence, please complete and sign this form and return it to the Director, Anne White, in the Continuing Education Office.

**If the College does not have a signed permission form on file, and authorized adult must come to the Caroline Center in person to sign out your child.**

I allow my child, \_\_\_\_\_, age 13 or over to sign himself/herself out of camp.

I understand that the College is not responsible for my child once he/she signs out and leaves the Caroline Center, and I herein agree to hold the College harmless from any injury or claim of any kind which may occur after leaving the center.

I also understand that my child is expected to respect the rules and demonstrate appropriate behavior and language as long as he/she is on the College Campus.

Printed Name of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_