



Health History & Emergency Form - 2024

THIS FORM IS DUE NO LATER THAN JUNE 1ST.

Camper's Last Name _____, First _____

☐ Male ☐ Female ☐ Non-Binary Birthdate ____/____/____ Grade Entering Fall 2024 _____

Mother or Parent #1 Last Name _____, First _____

Phone (H) _____ Phone (W) _____ Phone (C) _____

Father or Parent #2 Last Name _____, First _____

Phone (H) _____ Phone (W) _____ Phone (C) _____

Emergency Contact Name (other than parent/guardian) _____

Phone (H) _____ Phone (W) _____ Phone (C) _____

Primary Care Physician's Name _____ Phone _____

Address _____

Health Insurance Co _____ ID/Policy # _____

Parents **MUST** carry health and accident insurance for each child in attendance.

Did your child reside WITHIN the United States, a United States Territory, or the District of Columbia? (Circle one)

Yes If YES, provide state/territory in which child resides: _____

No If NO, provide country in which child resides: _____
You must attach Maryland State form DHMH-896 (record of immunization or immunity)

Did your child attend either a virtual, home-school or in-person Maryland public or private school in 2023 - 2024?
(Circle one)

_____ Yes If YES, provide school's name, address, city and zip code of most recent school or home school here:

_____ No If NO, provide below State/territory or Country in which child attended school. Then attach a record of immunization or immunity exemption (Maryland State form DHMH-896)

*NOTE: All Campers Must submit a record of immunizations. You may use Maryland State form DHMH-896, obtain a copy of record from the physician's office or copy of record from a patient portal.

Is your child exempt from any immunizations? (Circle one. List below, if applicable, then include immunity exemption)

No Yes (If yes, please list them here:) _____

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Camper's Last Name _____, (First) _____

Are there any CURRENT OR PREVIOUS PHYSICAL, PSYCHIATRIC, SOCIAL OR BEHAVIORAL PROBLEMS of which we need to be aware or to aid in a positive camp experience?

☐ No

☐ Yes and camp participation was discussed with the camper's healthcare provider including considerations related to risks of Covid-19. Please describe problems below & include signs/symptoms to look for, what to do if they occur, and any actions recommended to prevent incidents from occurring:

List and describe any CURRENT OR PREVIOUS HEALTH CONDITIONS OR PAST MEDICAL TREATMENTS REQUIRING MEDICATIONS, DIETARY RESTRICTIONS, ALLERGIES, SPECIAL RESTRICTIONS OR SPECIAL NEEDS you feel pertinent to your child's care and safety while at camp. DESCRIBE ANY EMERGENCY MEDICAL INSTRUCTIONS regarding allergies or medical conditions including signs/symptoms to look for, what to do if they appear, and any actions to take to prevent an incident.

My child will be bringing the following medication(s) to camp*:

☐ Epi-Pen ☐ Benadryl ☐ Albuterol type Inhaler ☐ Other (describe) _____

*Note: Any medication to be administered at It's All Fun & Games day camp (including OVER-THE-COUNTER and those checked above) **MUST** be accompanied by our Medication Authorization Form signed by the physician (or Asthma Action Plan for inhalers), must be in it's original labeled container, and upon arrival, must be dropped off directly at the Camp Office. All medication must be self-administered (except epi-pens and inhalers) and must have physician and parent's signature authorizing self-administration. Medication should not be left with a child under any circumstances!

CARE AND TREATMENT CONSENT / RISK OF EXPOSURE

I, (print your name) _____, the parent/guardian of

(print child's name) _____, give *Valleybrook Country Club, LLC (Valleybrook)* and/or *It's All Fun & Games, LLC (Fun & Games)* staff authorization and consent to treat my child for illness and injury as needed. I authorize non-contact temperature checks of my child(ren). In case of a medical emergency, *Valleybrook* and/or *Fun & Games* staff have my consent and authorization for a physician or medical facility to treat my child for injuries sustained in the event that I am not able to be contacted for the consent of treatment. In the event of a medical emergency, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at *Valleybrook* and/or *Fun & Games* to have your child transported to that hospital by ambulance if necessary.

By signing below, I understand that there is an inherent risk of exposure to Covid-19 in any public place where people are present. Covid-19 is an extremely contagious disease that can lead to severe illness and/or death. According to the CDC, senior citizens and those with underlying medical conditions are especially vulnerable. Despite the precautions *Valleybrook* and *Fun & Games* undertakes for the protection of it's members, guests, customers, campers, and staff, there is no guaranty that *Valleybrook* and *Fun & Games* can prevent the transmission of the virus. In order to protect the health and safety of the entire *Valleybrook* and *Fun & Games* community, anyone failing to follow these requirements will be instructed to leave the *Valleybrook* and *Fun & Games* property and their enrollment will be terminated immediately, with no refund. By entering the *Valleybrook* and *Fun & Games* facility you voluntarily assume all risks related to exposure to Covid-19.

Signature of Parent/Guardian: _____ Date: _____

IT'S ALL FUN & GAMES SUMMER DAY CAMP

2024 SUNSCREEN REGISTRATION / PERMISSION

Camper's First and Last Name: _____

Camper's Date of Birth ____/____/____

The State of Maryland, Office of Environmental Health and Food Protection, no longer considers sunscreen a medication requiring a prescriptive order. It's All Fun and Games Summer Day Camp must, however, obtain authorization from parents/guardians before allowing the use of sunscreen, as required by the State of Maryland. Our camp will NOT provide campers with sunscreen due to allergies. Campers must bring and use their own sunscreen. Camp staff will supervise the child's application of sunscreen, and can only assist by applying lotion to the child's face, and sunscreen SPRAY ONLY to the rest of their exposed skin. Staff will NOT apply lotion to any area other than the face.

Parents wishing for their child to use sunscreen at camp, must SUPPLY their own sunscreen, as well as instruct their child on how to APPLY their own sunscreen and the importance of applying sunscreen.

My child may be bringing or using the following sunscreen brands to It's All Fun & Games Summer Day Camp:

- | | | | |
|--|--|-------------------------------------|--|
| <input type="checkbox"/> Coppertone | <input type="checkbox"/> Banana Boat | <input type="checkbox"/> Neutrogena | <input type="checkbox"/> Aveeno |
| <input type="checkbox"/> Loreal | <input type="checkbox"/> Burt's Bees | <input type="checkbox"/> Jason | <input type="checkbox"/> Hawaiian Tropic |
| <input type="checkbox"/> Sun Bum | <input type="checkbox"/> Panama Jack | <input type="checkbox"/> Alba | |
| <input type="checkbox"/> Up & Up (Target) | <input type="checkbox"/> Great Value (Walmart) | | |
| <input type="checkbox"/> Others (please list): _____ | | | |

PLEASE PRINT CAMPER'S FIRST AND LAST NAME ON THE CONTAINER IN A VISIBLE MANNER WITH EITHER A PERMANENT MARKER OR A NON-REMOVABLE LABEL.

By signing below, I understand that It's All Fun & Games LLC staff will not apply sunscreen to my child unless they request help. I, hereby give permission to the staff of It's All Fun & Games LLC to supervise the application of sunscreen applied to my child by his or her own self, as well as assist with sunscreen lotion to their face, and sunscreen SPRAY to their arms, legs, shoulders, chest and back. I understand that if I do not supply sunscreen spray, staff will not be able to apply lotion to my child's body other than their face. I understand that the first application of sunscreen should be applied prior to my child's arrival at camp each day. Campers will be reminded to reapply sunscreen at the conclusion of their lunch period, as well as at the conclusion of their morning and afternoon snack times.

Print Parent or Guardian Name: _____

Sign Parent or Guardian Name: _____

Date: _____