

Health Form

If a medical emergency should arise while my child is at camp and I cannot be contacted, I hereby give permission to the camp director to select a physician and/or physicians, to hospitalize, treat, and to order injections, anesthesia, or surgery for my child whose name is:

Camper's Name _____ Date of Birth _____ Age on July 24, 2017 _____
Address _____ City _____ State _____ Zip Code _____
Relationship to child _____ Date _____
Parent /Guardian _____
Signature of Parent or Guardian _____

Check and give approximate dates for conditions which the camper has experienced.

HEALTH HISTORY

- _____ Frequent Ear Infections
- _____ Heart Defect/Disease
- _____ Convulsions
- _____ Diabetes
- _____ Bleeding/Clotting Disorders
- _____ Hypertension
- _____ Mononucleosis
- _____ Psychiatric Treatment
- _____ Tetanus Shot

DISEASES

- _____ Chicken Pox
- _____ Measles
- _____ German Measles
- _____ Mumps
- _____ Hepatitis B
- _____ HIV
- _____
- _____
- _____

ALLERGIES (dates not needed)

- _____ Hay Fever
- _____ Ivy Poisoning, etc.
- _____ Insect Stings
- _____ Penicillin
- _____ Other Drugs
- _____ Asthma
- _____ Other (Specify)
- _____
- _____

Authorization for Swimming

The MTBC pool has a shallow water section and a deep water section. Campers who want to swim in the deep water **must** pass a swimming test given by our lifeguards. There are lifeguards on duty at all times. No camper will be allowed in the pool area without a signature below.

Check one: Advanced Swimmer Average Swimmer Non-Swimmer

_____ is granted my permission to go swimming while attending camp.
Camper's Name _____
Signature of parent or guardian _____

Please mail a copy of your child's Health Insurance Card with this Health Form.

In Case of an Emergency

Notify _____
Day Number _____ Night Number _____ Work Number _____
Physician to be notified _____ Telephone _____

Consent and Release

Permission granted for above to be examined and treated with (if deemed necessary) over the counter drugs.

- 1.Pain medication for headache.
- 2.Antacid for stomach-ache/diarrhea.
- 3.Laxative for constipation
- 4.Antiseptic for abrasions and minor cuts.
- 5.Professional treatment at nearest hospital in care of emergency.

If my child misbehaves, I will expect a call from the Director asking me to pick him/her up.

Parent/Guardian
Signature _____ Date _____

State of Maryland, City/County of Baltimore

To wit: Subscribed and sworn before me,
This _____ day of _____ 2017

Notary Public _____

My commission expires _____