Valley Mill Camp Health Form
15101 Seneca Road, Germantown, Maryland 20874
To be filled out by parent or guardian of minor

Child's Name_____ DOB_____ Sex____ Age _____

Parent or Guardian _____ Home Phone_____

Work Ph (m): _____ Work Ph (d):_____ Cell Ph(m): _____ Cell Ph (d): _____

Home Address _____Business Address_____

Parent E-mail(s) _____

Emergency Contact (if parent or guardian cannot be reached): _____

Phones: Home: _____ Work: _____ Other: _____

Family Physician (required): _____ Phone: _____

Date of last physical exam ___/___/___

Health History (check all that apply to your child, give details if necessary)

☐ Frequent Ear Infections ☐ Heart Condition ☐ Mononucleosis ☐ Seizures ☐ Diabetes
☐ Head injury ☐ Bleeding/Clotting Disorder ☐ Asthma ☐ Psychiatric Treatment
☐ Other_____

Does your child have any significant or chronic medical conditions? If yes, please describe:

_____

What medications does your child take at home?

_____

What medications* will your child need to be taking at camp? (Physician/Parent signed medication form is required)

_____

* Please note: CONTROLLED SUBSTANCES--ie Ritalin, etc--taken by campers, must be DRIVEN to camp and may **NOT** be brought in on the bus.

Vaccines/Diseases (Check all that apply)

☐ Chicken Pox ☐ Measles ☐ German Measles ☐ Mumps ☐ Hepatitis ☐ Other _____

___/___/____ Date of Measle vaccination. If you have exemption status from the Measles vaccine ()MMR), please provide written proof and submit it with this form.

Other Health Information: Please provide information on any medical conditions, psychological conditions, behavioral conditions, dietary restrictions, allergies, limitations, or special needs that we need to be aware of to ensure that your child has a positive experience at camp.

_____
_____

Allergic Reactions (Check all that apply)

☐ Hives ☐ Anaphylaxis ☐ Nausea ☐ Trouble Breathing ☐ Itching ☐ Local Swelling

Other: _____

_____

_____

(Please See Other Side)

Camper's Name:_____

PRN Medications: I give permission to Valley Mill Camp Staff to Administer the following medications to my child as needed (please check all that apply):

____ Tylenol ____ Motrin/Advil ____Benadryl ____Other

Insurance Information:

Is your child covered by family medical/hospital insurance? □ Yes □ No

If so, carrier of Plan Name _____ Group # _____

Camper Immunization Information *See: www.EDCP.com*

Provide date (month/year) of child's last Tetanus shot (DTP) (do not leave blank) _____

Is your child attending a Maryland School private or public?

☐ **Yes,** Provide the name of the Maryland school:_____

☐ **No,** If your child is attending a school outside of Maryland, please attach a record of immunizations signed by a doctor confirming that the child has received all immunizations as required by Maryland DHMH, Recommended Childhood Immunization Schedule. ***See:*** www.EDCP.org for immunization information.

Is your child exempt from any immunizations on medical, or religious grounds?

☐ **Yes**, Provide a copy of Maryland Department of Health and Mental Hygiene Immunization Certificate from either a licensed physician indicating that immunization is medically contraindicated, or the parent or guardian indicating that they object to immunizations for religious reasons.

☐ **No**

Please describe any limitation or restriction on your child's camp activities:

_____

This history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named above. This completed form may be photocopied for trips out of camp.

Signature of parent/guardian _____ Date ___/___/___

I understand and agree to abide with any restrictions placed on my camp activities.

Signature of camper _____ Date ___/___/___

Health forms are due April 1st. Please report any changes in your child's health to the camp nurse in writing. Keeping the camp well informed will help our staff give the best possible care to your child.

Thank You.

PARENT/GUARDIAN'S PERMISSION TO APPLY SUNSCREEN TO HIS/HER CHILD

Name of Child: _____
(last, first)

As the parent/guardian of the above child, I recognize that too much exposure to UV rays may increase my child's risk of getting skin cancer someday. Therefore, I give permission for the staff at: Valley Mill Camp

to apply a sunscreen product that is broad spectrum with SPF 30 or higher to my child, as specified below, when he/she will be playing outside, especially during Activities with Direct Sun and between the daily time of 10 a.m. and 4 p.m. I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs.

I have *checked* and *initialed* below **all** applicable information regarding the child care program's choice in brand/type and use of sunscreen for my child:

☐ ___ I do not know of any allergies my child has to sunscreen.

☐ ___ My child is allergic to some sunscreens. Please use ONLY the following brand(s)/type(s) of sunscreen:

_____

_____

☐ ___ Staff may use the sunscreen of the program's choice following the directions and recommendations printed on the product container.

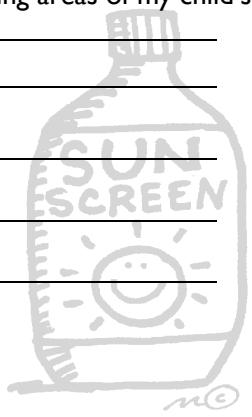
☐ ___ I have provided the following brand/type of sunscreen for use for my child:

_____

_____

☐ ___ For medical or other reasons, please do NOT apply sunscreen to the following areas of my child's body: _____

_____



Parent/Guardian's Name: _____ **Date:** _____

Parent/Guardian's Signature: _____

Health Care Provider's Signature (*optional*): _____

NOTE: DO NOT RELY ON SUNSCREEN ALONE TO PROTECT CHILDREN FROM SKIN CANCER!

Adapted from the *California Early Childhood Sun Protection Curriculum* (1998-Revised) from the
Skin Cancer Protection Program, Cancer Prevention and Nutrition Section, California Department of Health Services. • http://www.dhs.ca.gov/cpns/skin/skin_resources.html