



Sunshine Kids' Club Summer Camp

2011 G.L.P. Sunshine Kids' Club

Individual Camp Health Medical Record

175 Klee Mill Road, Sykesville, MD 21784 (410) 549-0844

Individual Child's Information

Camp Health Record (Please print)

Child: _____ D.O.B.: _____

Parent/Legal Guardian Name: _____ Emergency #: _____

Health Insurance: Carrier Name: _____

Policy #: _____ Member #: _____

All campers must be current on all Immunizations

See www.EDCP.org (Immunization)

Provide date (month and year) of camper's last tetanus (or DTP) shot:

THIS MUST BE PROVIDED TO ATTEND CAMP (Tetanus shot must be current) _____

Copy of Insurance Card is attached: _____

Immunizations: Is the camper currently enrolled in a Maryland school, public or private?

_____ **YES.** Provide name of Maryland school: _____

_____ **NO.** Provide a copy of immunizations confirming that the child has received all immunizations as required by the *MD DHMH Recommended Childhood Immunization Schedule*.

See www.EDCP.org (Immunization) for more information.

Is the camper exempt from any immunization on medical or religious grounds?

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

_____ **NO.**

Other Medical Issues:

HEALTH INFORMATION:

Please list any significant medical problems (noting allergies) including symptoms, type of treatment (medicines*, frequency of treatment, complications/side effects) frequency and duration of symptoms & treatments. This would include any condition that would require the administration of medicine* of any type, such as psychological and behavioral conditions, dietary needs, allergies, or special needs.

Pediatrician Name: _____ Phone #: _____

Dentist Name: _____ Phone #: _____

*All medicine must be delivered in the original container bearing a pharmacy label which shows the prescription number, date filled, prescribing doctor's name, name of medicine, directions for taking, and patient's name, age, weight and grade. Per the State Department of Health and Mental Hygiene regulations and the MD Board of Nursing, no prescription or non prescription medication can be given at the camp without a physician's order. Also, campers who self-administer medications must have a prescriptive order from a physician. **NO EXCEPTIONS!** This is in compliance with the COMAR regulation 10.16.06.33

All medicine must be delivered prior to camp starting: bring medicine directly to the Camp office with all of the pertinent information.

A medication order form must accompany all medication entering the camp.
Please contact the camp to receive this form should you need one. Thank you.