



OUTDOOR SKILLS PROJECT SUMMER 2024 DAY CAMP ENROLLMENT FORM

ENROLLMENT APPLICATION / PERMISSION SLIP / EMERGENCY FORM

Please complete this form that will accompany your child during participation in the Patuxent Outdoor Summer Skills Project camp. This information is necessary in case we need to contact you while your child is participating in the camp and during activities held away from the Patuxent Riverkeeper Clubhouse. No child will be allowed to participate without this form being completed and signed by the parent or guardian. The information on this form is considered confidential and will accompany the project facilitator/leader.

FULL NAME:

(Name of Child) PLEASE PRINT

AGE: GENDER: HEIGHT: WEIGHT: PFD SIZE:

ADDRESS:

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN NAME:

PARENT/GUARDIAN PHONE #:

EMERGENCY CONTACT:

RELATIONSHIP TO CHILD:

EMERGENCY CONTACT PHONE #:

Is the child vaccinated? YES NO

Is the child boosted? YES NO

Comments:

CAMP WEEK 1:

CAMP WEEK 2:

CAMP WEEK 3:

HEALTH CONCERNS (If the child has any health problems/conditions we need to be aware of, or if we need to treat the child for an injury/illness, please check below and describe):

- Allergies:
- Dietary Restrictions
- Medication
- Orthopedic Pain or Injury (particularly neck, shoulder, back, wrist or knee)
- Diabetes (please note if insulin is required or taken)
- Heart Defect / Disease (and related medication)
- Bleeding/Clotting Disorder
- Epilepsy (and related medication)
- Other (any previous injuries, medical or emotional conditions that we need to be aware of)

Does your child require:

(A) EpiPen YES NO

(B) Inhaler YES NO

(C) **ANY MEDICATION CURRENTLY TAKEN:**

HEALTH INSURANCE INFORMATION: (You are responsible for all medical expenses and should be covered by your health insurance).

COMPANY NAME:

POLICY #:

GROUP #:

PARENT/GUARDIAN NAME:

DATE:

Please print

TO ANY DOCTOR OR HOSPITAL: I hereby authorize the release of my child's pertinent medical information to the appropriate professional staff. I give permission to the physician or hospital to secure treatment for him/her and to order medications, injections, anesthesia, or surgery for my child, as named above, in case of emergency. The signature below constitutes authorization to perform any necessary treatment for my child during this field trip.

PARENT/GUARDIAN SIGNATURE:

DATE: