

Camper Health Information

The following information must be complete or application will not be processed.

Camper Name _____ Daytime Phone _____

School as of September 2011 _____ Grade as of September 2011 _____

Pediatrician's Name _____ Phone Number _____

If parents are unavailable, person to contact in case of emergency:

Name _____ Relationship _____

Daytime Phone _____ Cell Phone/Pager _____

Medical History

Date of last tetanus booster (required) _____

If camper is not enrolled in a Maryland school, a copy of immunization records **must** be enclosed with enrollment form.

Asthma _____ Y/N _____ Inhaler needed _____ Y/N _____

Attention disorder/ADHD _____ Y/N _____ If yes, list medication used _____

Allergies (e.g. drug, food, bee sting) _____ Y/N _____

Type of allergy _____ Requires EpiPen/Benadryl _____

Describe other health concerns and illnesses _____

For campers who have diabetes, seizures, asthma, or severe allergic reactions, please contact Jan Brant, camp nurse, at 410-339-4149 or jbrant@parkschool.net to provide necessary information.

List medications taken daily

Note: Any medication taken during camp hours, including overnight and day trips, requires a physician's medication authorization form. Forms will be sent following enrollment.

Is your child currently taking any medication that may be stopped during the summer? _____ Y/N _____

If yes, please state the medication and any feedback and/or support you would like the camp directors to provide: _____

Please describe any emotional or physical problems/conditions that your child may have that would be important for the directors to know: _____

To ensure the care of my child, I agree that pertinent health information may be provided to appropriate camp staff. I acknowledge that in the event of injury every effort will be made to contact me. However, if conditions require and attempted contacts are unsuccessful, I understand that it may be necessary to provide acute medical care, surgical procedures, and anesthesia without my specific consent. All enrollees in Park School's summer programs are covered by an accident insurance policy. The cost for this coverage is included in the tuition.

I understand that the above named child's photo may be taken during the course of daily activities and I hereby give my consent to utilize such photos in print and electronic publications of The Park School and in local newspapers.

I further acknowledge that **The Park School Explorer Camp accepts only children who are toilet trained**, and I understand that this is a condition of enrollment and that any child who is enrolled and is not toilet trained will be dismissed from the program with forfeiture of tuition.

A **non-refundable** deposit of \$250, (unless program is cancelled by Park Camps) and applicable towards tuition, is included with this application. I understand that the remaining tuition is due in full by May 13. All enrollments postmarked

after May 13 must include payment in full. Unless the Director of Summer Programs is notified in writing no later than that date, no refunds will be made. Cancellations will not be accepted after May 13. After May 13 I will be liable for the full tuition payment. I understand that if any program does not reach sufficient enrollment by May 13, The Park School retains the right to cancel the session and parents may select an alternative session, or the School will provide a refund. Payments are due in full by the date specified. In the event payments are not received in full when due, a Late Payment Charge in the amount of 1.5% of the amount then in arrears shall be assessed for each month or portion thereof that payments remain in default. I further understand that a space will not be held for my child if the final payment is not paid when due. I understand and agree that in the event the School must engage attorneys to collect all or a portion of any fees or charges described in the Contract, I will pay the School's reasonable legal fees, court costs, and other related expenses attributable thereto. I also understand and agree that the School has the right to require the withdrawal of any student at any time, for any reason as determined by the School at its sole discretion.

Parent/Guardian Signature and Date



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