

Required Immunizations

All campers must be current on all immunizations to be admitted to day camp.

See www.EDCP.org (Immunizations)

1. Date (month, year) of camper's last tetanus (or DTP) shot _____
2. Is the camper currently enrolled in a Maryland school, public or private?
 - YES School Name _____
 - NO You must provide a copy of the immunization record confirming that the child has received all immunizations as required by the Maryland DHMH Recommended Childhood Immunization Schedule - see www.EDCP.org (Immunization).
3. Is the camper exempt from any immunization on medical or religious grounds?
 - YES You must provide a copy of the 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

Medications

1. **We ask that parents administer all medications campers need prior to their arrival at camp.** If medication must be taken during the camp day, then:
 - A. We ask that campers self-administer. Self-administration can only happen when there is written permission from the parent or guardian, child's doctor, and Calvert's Health Supervisor. Self-administration will be determined on a case-by-case basis. If self-administration is not an option then:
 - All medications must be sent or delivered to the Director of Summer Programs in the original container bearing a pharmacy label with the following information:
 - Prescription number
 - Date filled
 - Prescribing physician's name
 - Medicine name
 - Directions for use and
 - Patient's name
2. Written permission from the parent and camper's doctor must be provided before any medication can or will be administered. The Director of Summer Programs will administer the medication only after he has been trained to do so by the Health Supervisor. The Health Supervisor will provide written permission for the administration.
3. Campers who require special medications such as Ritalin or medications for asthma, bee stings, allergies, diabetes, etc., must have written permission from the doctor and parent or guardian. The Director of Summer Programs will administer the medicine only after he has been trained to do so by the Health Supervisor. The Health Supervisor will provide written permission for the administration.

Emergency Release

The undersigned understands that certain risks and dangers may be involved in the conduct of activities at the Calvert Summer Programs and holds harmless Calvert School, Inc., its officers, trustees, employees, agents, counselors-in-training, and volunteers (the School) from any claims. The undersigned, who is one of the parents having legal custody, or the legal guardian of the camper named below, a minor, hereby authorizes the adult chaperone or other personnel of Calvert Summer Programs into whose care said minor has been entrusted, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis of treatment and hospital care to be rendered to said minor under the general or special supervision and on the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act, or to consent to an x-ray, examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

In the event that I cannot be reached at the numbers listed above, I hereby give my permission to Calvert Summer Programs to hospitalize, secure proper treatment for, to order injection, anesthesia, or surgery for my child named above.

Parent or Guardian Signature _____

Date _____

