

How did you hear about us?

- Word of Mouth Summer at KEY Website Current Key Student/Employee Facebook Online Search
- Received Brochure by mail Chesapeake Family What's Up Friend Sibling Other _____

EMERGENCY & HEALTH INFORMATION

Campers Name: _____ Grade in Fall 2020 _____ State/Country where camper attends school _____

Camper's Physician: _____ Phone Number: _____

Pertinent information for any health problem including a physical, psychiatric or behavior problems _____

Allergies: YES NO

List Allergies and if Epi-Pen Prescribed: _____ YES NO

_____ YES NO

_____ YES NO

_____ YES NO

Asthma: YES NO Rescue Inhaler Prescribed: YES NO

Sunscreen Policy: Every camper must have their own labeled bottle of sunscreen with them every day at camp. I give permission for the staff of Summer at KEY to apply, or to supervise my child as he/she applies, a sunscreen product as specified below. I understand that sunscreen may be applied to exposed skin, including the face (except eyelids), tops of ears, nose, bare shoulders, and arms and legs.

My child is allergic to some sunscreens? YES NO

If my child runs out of, or misplaces their own sunscreen, I give permission for the staff to use the sunscreen of the program's choice following the directions and recommendations printed on the product container. YES NO

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

EMERGENCY CONTACT INFORMATION: When the parent or guardian is unavailable, who may the camp call in an emergency? **We MUST have a non-parent emergency contact. We always try to contact the parents first.**

Name: _____ Relationship: _____ Home Phone _____
(Must not be camper's parent)

Cell Phone _____ Work Phone _____

Medications from home to be given during camp hours: _____

Check this box if you would like to speak to the camp nurse about any health issues.

Please check any of the following you give permission for the camp nurse to administer as needed:

Advil _____ Tylenol _____ Benadryl _____

Is your child exempt from any immunizations? NO YES Please list: _____

PLEASE NOTE: Documentation of required Immunizations must be provided if the camper is not currently enrolled in a public or private school in the United States. If the camper is exempt from any immunization on medical or religious grounds, you must provide a copy of Maryland Dept. of Health and Medical 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.

I certify the above medical information is complete....

*****Signature of Parent or Legal Guardian:** _____ **Date:** _____