

WICOMICO COUNTY RECREATION, PARKS & TOURISM

Kids Klub Summer Escape Camp 2021

Participant's Name: \_\_\_\_\_

**LOCATION: NORTH SALISBURY ELEMENTARY SCHOOL**

Ages: 5-12

Monday – Friday

June 21-Aug 20

- Regular Camp Hours 8:30am-3:30pm
- Before Care 7:30am-8:30am (additional charge)
- After Care 3:30pm-5:30pm (additional charge)
- Field Trips are TBD

**Folder Checklist: Program Director to Complete this Section**

- \_\_\_\_\_ Youth Camp Health History: Camper Form MDH 4768 Completed and Signed (page 11)
- \_\_\_\_\_ Immunization Certificate: Form MDH Form 896 Complete & Signed/Stamped by Doctor's Office (page 13)
- \_\_\_\_\_ Authorized Persons to Pick-Up listed (page 2)
- \_\_\_\_\_ Emergency Contacts listed (page 2)
- \_\_\_\_\_ Date of Child's Last Tetanus Shot (page 4)
- \_\_\_\_\_ BIP, 504 Plan and/or IEP Paperwork (if applicable) (page 5)
- \_\_\_\_\_ Initial Payment Received
- \_\_\_\_\_ **\*Additional Medical Paperwork (REQUIRED If Applicable Based on Questions Below)**

**\*MEDICAL QUESTIONS**

**Parent/guardian** to use "MEDICAL QUESTIONS" below to determine if the additional medical paperwork is required for child to participate.

- 1) Does your child have a severe allergy (other than seasonal)?  Yes  No
- 2) Does your child have a medical condition or health concerns?  Yes  No
- 3) Does your child have asthma?  Yes  No
- 4) Does your child have diabetes?  Yes  No
- 5) Does your child have a history of seizures?  Yes  No
- 6) Will your child require medication during program hours? This includes but is not limited to "As Needed" medications such as Inhalers, Epi Pens, Seizure meds and/or OTC meds. Also, including but not limited to "Daily Medications" such as ADHD meds and Insulin?  Yes  No  
If YES, how many medications will be required while in our care? \_\_\_\_\_

**Parent/Guardian:**

"I have reviewed, completed and signed off on ALL of the documents above and enclosed them in this registration folder. I understand that if the appropriate paperwork has not been received, my child(ren)'s start date **will** be delayed and/or place in the program may be forfeited".

Parent/Legal Guardian's Name (Print): \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Participant's Family Information**

1) Mother/Guardian Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Employer: \_\_\_\_\_

2) Father/Guardian Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Employer: \_\_\_\_\_

➔ Marital Status of Parents: \_\_\_ Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced

If separated/divorced, which parent has custody? \_\_\_\_\_

Is there a problem with either parent visiting, talking with or picking up participant? \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_

Any others not allowed contact with child: \_\_\_\_\_

**AUTHORIZED PICK UP INFORMATION**

**Your child will be released only to the following in addition to the parent/guardian:**

| NAME | PHONE NUMBER(S) | RELATIONSHIP TO CHILD |
|------|-----------------|-----------------------|
|      |                 |                       |
|      |                 |                       |
|      |                 |                       |

**\*\*Please let those authorized to pick up (parents included) know that they will need to bring their state issued identification each and every time the child is picked up. The child will not be released to anyone without it! Once staff gets to know these individuals it may not be needed. If you need to add or remove someone on this list, please contact the Program Director, Tarrah Cava by EMAIL: [tcava@wicomicocounty.org](mailto:tcava@wicomicocounty.org)**

**In the event of an Emergency and you cannot be reached, list two individuals' staff may contact:**

1. Name (print): \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
 Full Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_

2. Name (print) \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
 Full Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_

## EMERGENCY CARE CONSENT FORM

In case of illness or accident while my child is under the care and supervision of the Wicomico County, Maryland, I the undersigned, hereby consent to Wicomico County, Maryland authorized staff to provide emergency first aid and/or administer emergency care and/or treatment through a clinic, a doctor and/or hospital should they feel it is advisable or necessary.

I also agree to pay all of the cost and fees contingent upon an emergency medical care and/or treatment for my child as secured or authorized under this consent.

This agreement shall continue as long as the participant is registered in any Wicomico County, Maryland program.

Camper's Name (Print): \_\_\_\_\_ DOB: \_\_\_\_\_  
Camper's Physician (print) \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_  
Physician's Address: \_\_\_\_\_  
*(street address)*

\_\_\_\_\_ *(city)*

\_\_\_\_\_ *(state)*

\_\_\_\_\_ *(zip)*

Are your child's medical records located at this Physician's office: \_\_\_ Yes \_\_\_ No

If NO, please list location of child's medical records: \_\_\_\_\_

Hospital Preference Name (**MUST HAVE**): \_\_\_\_\_

Hospital Preference Phone #: \_\_\_\_\_

Parent/Legal Guardian's Name (Print): \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ABOUT YOUR CHILD

Wicomico County, Maryland is required to make reasonable accommodations for all participants in this program. The next few questions are asked to ensure your child has found a summer camp that matches his or her needs and provides a safe and suitable environment.

Camper's Name (print) \_\_\_\_\_ DOB \_\_\_\_\_

Camper's age as of 6.21.2021: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

Camper's Primary Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Person Completing this Form: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Language(s) Spoken at Home? \_\_\_\_\_

Preferred Recreational Activities? \_\_\_\_\_

Non- preferred Recreational Activities? \_\_\_\_\_

Motivator's? \_\_\_\_\_

### Campers Medical Information

1) Does your child have an allergy? \_\_\_ Yes \_\_\_ No

If yes, what kind? What are the signs and symptoms? Treatment? \_\_\_\_\_

2) Is an epi-pen used to treat the allergy? \_\_\_ Yes \_\_\_ No

3) Does your child have a history of seizures? \_\_\_ Yes \_\_\_ No

Type of seizure: \_\_\_\_\_ Date of last seizure: \_\_\_\_\_

Time duration of last seizure: \_\_\_\_\_

Camper's Name: \_\_\_\_\_

4) Does your child have asthma?  Yes  No

If yes, what kind? What are the signs and symptoms? Treatment?

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5) Is an inhaler used to treat the asthma?  Yes  No

6) Will breathing treatments of any sort need to be administered while attending camp?  Yes  No

7) Is your child diabetic?  Yes  No

Is insulin taken?  Yes  No If yes, what kind? What are the signs and symptoms? Treatment?

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8) Does your child take any medication(s)?  Yes  No If yes, what are the names of the medication(s)? Dosage(s)? Reason(s) why child takes the medication(s)? \_\_\_\_\_

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9) Does your child have a special diet or any diet restrictions (pureed, tube fed, nothing by mouth, etc.)?  Yes  No If yes, what kind? What are the signs and symptoms? Treatment? \_\_\_\_\_

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10) Are there any other specific medical problems we need to be aware of?  Yes  No

If yes, please explain: \_\_\_\_\_

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11) Does your child have any diagnosis/diagnoses we should also be aware of?  Yes  No

If yes, please explain: \_\_\_\_\_

Is your child exempt from immunizations for religious or medical reasons?  Yes  No

If yes, please explain

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12) Is your child bothered by the heat?  Yes  No

If yes, please explain

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13) Does your child have specific fears?  Yes  No

If yes, please explain

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14) Date of last tetanus shot (**MUST HAVE DATE**): \_\_\_\_\_ **Do not leave blank or write "see shot record"!**

Camper's Name (print) \_\_\_\_\_

Please check or fill in circle ANY of the following that apply?

|   |  |
|---|--|
| <input type="checkbox"/> Wears glasses                                      | <input type="checkbox"/> Dresses self                    |
| <input type="checkbox"/> Wears hearing aides                                | <input type="checkbox"/> Must be dressed                 |
| <input type="checkbox"/> Wears braces: legs or arms (circle which)          | <input type="checkbox"/> Needs help with dressing        |
| <input type="checkbox"/> Uses sign language                                 | <input type="checkbox"/> Follows a Special Diet          |
| <input type="checkbox"/> Uses crutches or a walker (circle which)           | <input type="checkbox"/> Feeds self                      |
| <input type="checkbox"/> Needs assistance with walking                      | <input type="checkbox"/> Needs some help with eating     |
| <input type="checkbox"/> Has a speech impediment                            | <input type="checkbox"/> Self - Toilets                  |
| <input type="checkbox"/> Menstruates  | <input type="checkbox"/> Needs assistance with Toileting |
| <input type="checkbox"/> Has a one on one assistant during the school year  | <input type="checkbox"/> Wears diapers or pull-ups       |
| <input type="checkbox"/> Uses harness on bus                                | <input type="checkbox"/> Behavior Issues                 |
| <input type="checkbox"/> Elopes (leaves w/o permission)                     |  |
| <input type="checkbox"/> Uses Wheelchair: manual or electric (circle which) |  |

**Behavior Management**

1) Does your child have a BIP, 504 or IEP? \_\_\_ Yes \_\_\_ No

**If yes, please attach the appropriate paperwork to this packet and submit when registering! Without this paperwork, your child cannot attend camp!**

2) Is your child enrolled in a Special Education Program? \_\_\_ Yes \_\_\_ No

If yes, what is their Special Education Classification? \_\_\_\_\_

3) Does your child elope/run/leave classroom on his/her own without permission? \_\_\_ Yes \_\_\_ No

If yes, how frequently? \_\_\_\_\_

**SOCIAL MEDIA/ PHOTO RELEASE**

Wicomico County, Maryland may photograph or record your son/daughter during programs and activities. You understand and agree that these materials become the sole property of Wicomico County, Maryland.

You hereby irrevocably authorize Wicomico County, Maryland to use your son/daughter's likeness in photographs, video images, or other digital reproductions (collectively the "likenesses") for educational, informational, public relations, or other lawful purposes, including but not limited to within its publications, website, social media and print content, and further authorize Wicomico County, Maryland to edit, alter, copy, exhibit, publish or distribute the likenesses. In addition, you irrevocably waive your right to inspect or approve the finished product, including written or electronic copies, wherein your child's likeness appears.

On behalf of your son/daughter named below, you waive the right to royalties, other compensation, or other considerations arising from or related to the use of the likenesses.

You hereby hold harmless and release and forever discharge Wicomico County, Maryland from all claims, damages, demands, and causes of action which you, your son/daughter, or either of your heirs, representatives, executors, administrators or other persons acting on your behalf or on behalf of your estate, have or may have by reason of such likenesses.

By signing below, I represent that I am the lawful parent or guardian of the son/child named below, have authority to execute this agreement on your son/daughter's behalf, and I understand and agree to the terms and conditions outlined in the paragraphs above.

Camper's Name (print): \_\_\_\_\_

Parent/Legal Guardian's Name (Printed): \_\_\_\_\_ Yes \_\_\_ No \_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PERMISSION FOR TRIPS, EXCURSIONS AND USE OF PUBLIC PARKS AND FACILITIES**

I hereby give consent to Wicomico County, Maryland to take (print CHILD'S NAME) \_\_\_\_\_ on walking or transported field trips to places of interest, including public parks, with the understanding that such trips are under the supervision of authorized Summer Day Camp personnel and that all possible precautions are taken to ensure the health and safety of my child.

Additional permission slips for optional summer camp transported field trips, which will include specifics of each trip, will be required. In order to attend, child must be registered for the week of camp with corresponding field trip, have the additional permission slip signed and possible payment made prior to trip. Spots are limited; first come, first served. Parents will be notified of trip dates/times prior to each trip. However, trips are not guaranteed and subject to cancellation due to COVID restrictions.

Parent/Legal Guardian's Name (Printed): \_\_\_\_\_ Yes \_\_\_ No \_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*PERMISSION TO SWIM\*\*SUBJECT TO CANCELLATION DUE to COVID**

I hereby give consent to Wicomico County, Maryland to take (print CHILD'S NAME) \_\_\_\_\_ to the Salvation Army (life guarded) Pool located at 429 N Lake Park Drive Salisbury, MD. 21801 to go swimming. I have the understanding that such trips (weather permitting) are under the supervision of authorized Summer Day Camp personnel and that all possible precautions are taken to ensure the health and safety of my child. Salvation Army swim days will be every Friday from 9am-12 noon. To attend, child must be registered for the week of camp with corresponding pool trip. Parents will be contacted should scheduled day/time change. However, trips are not guaranteed and subject to cancellation due to COVID restrictions.

Parent/Legal Guardian's Name (Printed): \_\_\_\_\_ Yes \_\_\_ No \_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PERMISSION TO APPLY SUNBLOCK**

I hereby give consent to Wicomico County, Maryland and the Kids Klub Summer Escape staff permission to apply sunblock to my son/daughter (print CHILD'S NAME) \_\_\_\_\_ when requested by the parent/guardian.

Parent/Legal Guardian's Name (Printed): \_\_\_\_\_ Yes \_\_\_ No \_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WAIERS**

**MEDICAL INFORMATION WAIVER:**

Please list clearly any medical conditions or medications taken that would affect participant's involvement in this program:

\_\_\_\_\_

May the Program Director call to discuss this accommodation (if needed)? Yes \_\_\_\_\_ No \_\_\_\_\_

**CONCUSSION WAIVER:**

In compliance with Maryland HB 858 and SB 771, I hereby acknowledge that I have received the information regarding concussions published by the United States Department of Health and Human Services Centers for Disease Control and Prevention (CDC).

For additional information I understand that I may call 1-800-232- 4636 or go to [www.cdc.gov/concussioninyouthsports](http://www.cdc.gov/concussioninyouthsports).

**GENERAL WAIVER:**

In consideration of the execution of a similar contract by all persons participating in this program/league, I hereby I agree to abide by all rules, uphold the principles of sportsmanship and fair play, and abide by the County Code of Conduct. I further agree that the medical information given above is correct.

The undersigned do hereby expressly stipulate and agree to indemnify and hold forever harmless Wicomico County and the Wicomico County Department of Recreation, Parks and Tourism, its agents, officers and employees, against loss from any and all claims, demands, or actions in law or equity that may hereafter at any time be made or brought by the participant listed above, or by anyone on behalf of said participant for the purpose of enforcing a claim for damages on account of any injuries received or sustained by the participant arising out of his participation in the program.

In signing this Release and Hold Harmless Agreement, each of the undersigned hereby acknowledges and represents that they are aware of the risks and hazards inherent in participating in the program including exposure to the potential risk of concussion. No insurance covering accident

or injury has been provided for participants. Arrangements for any such insurance would have to be made individually by the undersigned, and at no time will my participation in a program be contingent on divulging any confidential medical information.

**COVID-19 SCREENING WAIVER:**

Participants and spectators are recommended to self-screen prior to arriving on site at any program, event or activity in accordance with CDC guidelines. Screening upon arrival on site will be required.

If you answer yes to any of these questions or have a temperature higher than 100.4 degrees Fahrenheit at any point in time you must stay home and not return to activity until you have been cleared and have a medical release.

**If you fail to agree to on-site screening, you are not allowed to participate or attend.**

**PAYMENT ACKNOWLEDGEMENT WAIVER:**

Failure to pay camp registration fees by the registration deadlines may result in loss of your child's spot in the program. If payment is not covered, your child will not be able to attend camp.

Payment and registration for camp must be made in person at the Civic Center Box Office M-F 9am-6pm (unless otherwise specified on website due to COVID-19 restrictions).

**SNACK & NON-PERISHABLE FOOD ACKNOWLEDGEMENT WAIVER:**

Non-perishable is defined as a food item that can be consumed safely without refrigeration. Participants will not have access to refrigerators, microwaves, can openers, or any other appliances. Utensils will not be provided.

\*Parent/legal guardian understands and agrees to supply non-perishable lunches and snacks for their child on days they attend camp.

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***By signing, I understand and agree with all waiver information in this registration packet.***

Participant's Name (printed): \_\_\_\_\_

Parent/Legal Guardian's Name (print): \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Behavior/Discipline Contract

**PLEASE KEEP A COPY FOR YOURSELF**

To our new and old participants and their families, we welcome you to our program. We are looking forward to an exciting experience! This document is a behavior and discipline agreement. You are receiving this document so that you and your child(ren) can become familiar with our rules and consequences. Once you, the Parent/Legal Guardian have signed this slip, we will then consider this a contract between you, our staff, and your child.

The following are our rules that have been established for the safety and enjoyment of our program.

## Rules:

1. Show respect to staff and students at all times.
2. Follow all directions the first time they are given.
3. Keep hands, feet and unkind words to yourself.
4. Stay with your group and ask permission to leave your area.
5. Use walking feet in all areas within the building; except when given permission to run in the gym.
6. Remain seated and quiet during snack/homework time.
7. Be honest and responsible.
8. Have fun!

### If Your Child Chooses to Break A Rule:

- **1<sup>st</sup> and 2<sup>nd</sup> Offenses: Verbal Warnings for MINOR OFFENSES.** (staff will be specific with student when warning)
  - **Second time you verbally warn** a student, a time out should be enforced. Time out = no longer than the # of years old they are (ex: 5-year-old time out = 5 minutes or less).
- **3<sup>rd</sup> Offense: YELLOW WRITE UP AND REMOVAL FROM ACTIVITY**
  - Repeatedly disrespecting staff and others (after multiple verbal warnings and a time out).
  - Repeatedly disregarding the rules (after reviewing the rules and verbal warnings).
  - Depending on the situation; hitting others (staff will get all sides of the story from all parties involved & dependable witnesses—this could potentially be a red write up).
- **4<sup>th</sup> Offense: RED WRITE UP, PHONE CALL HOME & DONE PARTICIPATING FOR THE DAY**
  - Threatening to hurt others.
  - Cursing/Inappropriate language.
  - Blatantly disobeying rules and directions after repeated verbal warnings, a time out, and a yellow write-up with removal from activity.
  - Depending on the situation; putting hands on another student—(staff will get all sides of the story from all parties involved & dependable witnesses—this could potentially be a yellow write up).
  - Leaving/Running out of the cafeteria, gym, classroom or designated play area (inside or outside) without informing staff where they are going.

### A Severe Disruption: Is an automatic **RED Write-Up**

- **A Severe Disruption** or misbehavior includes but is NOT limited to:
  - Cursing/inappropriate language
  - Physical violence with another student or staff member
  - Misuse of equipment (destruction of property)
  - Purposefully attempting to run away from the site or leave the immediate area where staff is present
  - Bullying of ANY kind!!!

*\*Staff may change the color of a write up (Behavior/Discipline Conduct Report) or may write up a behavior not listed above depending on the situation. Write ups are subject to review by the Program Director and suspension or removal from the program may be determined. Parent/Legal Guardian must sign this Behavior/Discipline Contract prior to participant attending. Parent/Legal Guardian signature represents understanding, and agreement of our Behavior/Discipline policy.*

- **Bullying of ANY kind will not be tolerated!** We define bullying as (but not limited to) physically intimidating or hurting another child or staff member, repeatedly calling names or taunting others after being asked to stop, targeting with the intention of excluding students from group activities, and/or taking a student or staff's personal belongings.
- **ANY** severe disruption or misbehavior will be written up **IMMEDIATELY** and is susceptible to suspension from the program. Depending on severity of the behavior, the parent may be called in order to have the child removed for the remainder of the day or permanently.
- ANY child that receives **2 or more behavior write ups (yellow or red)**, is at risk of being suspended from the program for a minimum of one day; without refund.

**Please review these expectations and penalties with your child. Parent & staff director signatures and dates are required below.**

Camper's Name (print): \_\_\_\_\_

Parents: "My child has discussed the discipline plan with me. We understand it and will support it."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Site Director: "We will be fair and consistent in executing the discipline plan."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



WICOMICO COUNTY DEPARTMENT OF RECREATION, PARKS AND TOURISM

**Parent Contract**

**PLEASE KEEP A COPY FOR YOURSELF**

*Please review the information below to ensure you understand your responsibilities in enrolling your child in a Wicomico County Recreation, Parks and Tourism Summer Day Camp Program.*

**Camper's Name:** \_\_\_\_\_

- 1. ALL PAPERWORK IS DUE AT THE TIME OF REGISTRATION! Having a doctor's appointment in lieu of the paperwork is not acceptable (no exceptions).**
2. Initial registration and payment for camp must be done in person at the Civic Center Box Office M-F 9am-6pm (unless noted otherwise on website due to COVID-19 restrictions).
3. Once registered, forthcoming weekly camp payments can be made on line, over the phone (410-548-4911) or in person at the Civic Center Box Office M-F 9am-6pm. Space is limited! Your child's spot will not be held until payment is received. Paying for weeks in advance is highly recommended.
- 4. If you choose to pay week to week for camp, payments should be made by 12:00pm NOON each FRIDAY before the Monday your child is to attend. Otherwise payments are considered late. Late payments (made after 12:00pm NOON on FRIDAY's), will result in child not being allowed to attend camp on Monday and instead starting on a different day assigned by the Program Director (rate will not be pro-rated in these instances). Your child's spot in the program is not guaranteed if your payment is late. Late payments will not be pro-rated and a \$15 late fee will be added to your total on all late payments.**
5. All weekly camp payments MUST be paid or else camper cannot attend camp until payment is received.
6. A full week's payment is due whether a camper chooses to attend 0-5 days per week.
7. Kids Klub Summer Escape Camp 2021 will operate: June 21 to August 20 2021.
- 8. There is NO CAMP on Monday, July 5, 2021 (observing July 4<sup>th</sup> holiday this day).**
9. Parents are required to send their child with a nonperishable snack & lunch each day they attend.  
Nonperishable: able to be consumed safely without refrigeration or reheating. Participants will not have access to refrigerators, microwaves, can openers or any other appliances. Utensils will not be provided.
10. Our camps are electronic free zones. Cell phones, tablets, gaming devices & any other electronics will not be allowed. Staff reserves the right to hold on to any items brought from home that are a disruption and will be returned to parent/guardian at pick up.
11. Wicomico County Recreation and Parks is NOT responsible for lost, damaged, or stolen property. Participants should leave personal items at home.
12. If your child breaks or damages equipment that belongs to the Wicomico County Board of Education, Wicomico County Recreation, Parks and Tourism, another entity or another participant, the parent is responsible for the repair or replacement costs.
13. If late for pick-up, be prepared to pay the late pick up charge of \$1.00 per minute for every minute past 3:30pm for normal camp hours or after 5:30pm for after care hours. Payment for late pick up is expected at the time of pick up that day and can be paid by exact cash, credit card or check (made out to Wicomico County).
14. Repeated late pickup may result in removal from camp. Refunds will NOT be made.
15. Parents/guardians requesting a conference with camp staff, must schedule in advance and it must be during regular camp hours (not before or after camp hours).
16. In the event camp must close early, the parent/guardian is responsible for picking the child up at the newly designated dismissal time. Staff will contact parent/guardian regarding early dismissal asap. However, an early closure could be a last-minute decision based upon the circumstances requiring the early closure.
17. In the event camp must close, staff will contact parent/guardian asap prior to the closing. However, the closing could be a last-minute decision based upon the circumstances requiring the closing.
18. Bullying and/or threats of violence from parent/guardians and/or campers will not be tolerated and are grounds for immediate suspension and/or permanent removal from camp! Refunds will NOT be made.

19. If the parent/guardian's behavior patterns threaten their own health and safety and/or that of other children, parents and staff, you will be asked to withdraw your child from summer camp. Refunds will NOT be made.
20. Your child may be suspended and/or permanently removed from camp if their behavior patterns threaten their own health & safety or that of other children, parents & staff. Refunds will NOT be made.
21. It is the Program Directors decision to suspend and/or permanently remove campers!
22. Your child CANNOT attend the program if he or she has any illness that threatens the health of other children or staff. COMAR Regulations concerning periods of infection will be enforced.
23. **In order for any camper to attend camp, parents/guardians must agree to follow and abide by all COVID-19 protocols and procedures put into place, including but not limited to the morning screening process.**
24. **If your child becomes sick at any time (weekends included) while enrolled in camp, the parent/guardian MUST contact the Program Director of Child Care asap. At that time, the Program Director will discuss COVID-19 protocols and when the child can return to camp.**
25. **If your child becomes ill during program hours, it is the responsibility of the parent/guardian to arrange immediate pick up from the program. The Program Director will discuss COVID-19 protocols and when the child can return to camp.**
26. If your child is found to have lice, they will be sent home immediately. Your child will not be allowed to return until they are lice and nit free and you must supply a doctor's note or the box of the given treatment.
27. It is the responsibility of the parent/guardian to send camper in or with the appropriate attire daily, this includes closed toe shoes. Flip flops, sandals, & crocs are not considered appropriate and are unsafe to participate in physical activity and pose an increased risk of injury. If camper doesn't have closed toe shoes, they may be asked to sit out or do an alternate activity.
28. On pool and/or water days, campers should come wearing their bathing suits with appropriate clothes over top. Please also send camper in with both flip flops & closed toe shoes, a towel, and a dry change of clothes.
29. **Parents/guardians of campers with an IEP, BIP and/or 504 Plan MUST contact the Program Director prior to registering for camp in order to discuss the child's needs. IEPs', BIP's and 504 Plans do NOT exclude campers from behavior write ups, suspensions and/or removal from camp.**
30. Wicomico Co Recreation & Parks Child Care programs do not allow participants or staff to possess or use tobacco products, vape pens, drugs, alcohol, or weapons of any kind (real or fake) on school & county grounds. Use or possession of the before mentioned is grounds for immediate removal from camp. Refunds will NOT be made.
31. Camp staff should only be contacted during regular camp hours. For assistance outside of those hours you may contact the Program Director during normal business hours Monday-Friday 8am-5:00pm by calling 410-548-4900 Ext. 109. And for emergencies during non-office hours call 443-736-6181. Please leave a message.
32. Photo ID's required for ALL individuals authorized to pick up campers, including parents/guardians.
33. Prior to each and every field trip, parent/guardians must sign permission slips and make the specified payment amount by deadline given in order for camper to attend them. Space is limited for all field trips. Those able to attend will be decided on a first come, first served basis.

**I AGREE TO ADHERE TO WICOMICO CO DEPT OF RECREATION, PARKS & TOURISM'S CHILD CARE Camp PARENT CONTRACT.**  
**I GIVE MY CHILD (*print child's name*), \_\_\_\_\_ PERMISSION TO PARTICIPATE.**

Parent/Legal Guardian's Name (Print): \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**YOUTH CAMP HEALTH HISTORY**  
**CAMPER**

Child's Name: \_\_\_\_\_

Current residence: \_\_\_\_\_

EMERGENCY CONTACT INFORMATION:

Emergency Contact  
(Parent or Legal Guardian): \_\_\_\_\_ Phone: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact  
(Other than Parent Above): \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Physician or  
other provider of medical care: \_\_\_\_\_ Phone: \_\_\_\_\_

HEALTH INFORMATION:

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware?  NO

YES, and youth camp participation was discussed with the camper's healthcare provider including considerations related to risk of COVID-19

Explain health problems and any considerations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive?  NO

YES, Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IMMUNIZATION INFORMATION:  
**Must list current residence above.**

For campers who currently reside **within** the United States, a United States territory, or the District of Columbia: Does the camper have any immunization exemptions because of a parental or guardian objection or medical contraindication?  NO

YES, List: \_\_\_\_\_

For campers who reside **outside** the United States, a United States territory, or the District of Columbia: Attach record of vaccination or immunity on Department form MDH-896.

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date

## How To Use This Form

The medical provider that gave the vaccinations may record the dates (using month/day/year) directly on this form (check marks are not acceptable) and certify them by signing the signature section. Combination vaccines should be listed individually, by each component of the vaccine. A different medical provider, local health department official, school official, or child care provider may transcribe onto this form and certify vaccination dates from any other record which has the authentication of a medical provider, health department, school, or child care service.

**Only a medical provider, local health department official, school official, or child care provider may sign ‘Record of Immunization’ section of this form. This form may not be altered, changed, or modified in any way.**

### Notes:

1. When immunization records have been lost or destroyed, vaccination dates may be reconstructed for all vaccines except **varicella, measles, mumps, or rubella.**
2. Reconstructed dates for all vaccines must be reviewed and approved by a medical provider or local health department no later than 20 calendar days following the date the student was temporarily admitted or retained.
3. Blood test results are NOT acceptable evidence of immunity against diphtheria, tetanus, or pertussis (DTP/DTaP/Tdap/DT/Td).
4. Blood test verification of immunity is acceptable in lieu of polio, measles, mumps, rubella, hepatitis B, or varicella vaccination dates, but **revaccination may be more expedient.**
5. History of disease is NOT acceptable in lieu of any of the required immunizations, except varicella.

## Immunization Requirements

The following excerpt from the MDH Code of Maryland Regulations (COMAR) 10.06.04.03 applies to schools:

“A preschool or school principal or other person in charge of a preschool or school, public or private, may not knowingly admit a student to or retain a student in a:

- (1) Preschool program unless the student's parent or guardian has furnished evidence of age appropriate immunity against Haemophilus influenzae, type b, and pneumococcal disease;
- (2) Preschool program or kindergarten through the second grade of school unless the student's parent or guardian has furnished evidence of age-appropriate immunity against pertussis; and
- (3) Preschool program or kindergarten through the 12th grade unless the student's parent or guardian has furnished evidence of age-appropriate immunity against: (a) Tetanus; (b) Diphtheria; (c) Poliomyelitis; (d) Measles (rubeola); (e) Mumps; (f) Rubella; (g) Hepatitis B; (h) Varicella; (i) Meningitis; and (j) Tetanus-diphtheria-acellular pertussis acquired through a Tetanus-diphtheria-acellular pertussis (Tdap) vaccine.”

Please refer to the “**Minimum Vaccine Requirements for Children Enrolled in Pre-school Programs and in Schools**” to determine age-appropriate immunity for preschool through grade 12 enrollees. The minimum vaccine requirements and MDH COMAR 10.06.04.03 are available at [www.health.maryland.gov](http://www.health.maryland.gov). (Choose Immunization in the A-Z Index)

Age-appropriate immunization requirements for licensed childcare centers and family day care homes are based on the Department of Human Resources COMAR 13A.15.03.02 and COMAR 13A.16.03.04 G & H and the “**Age-Appropriate Immunizations Requirements for Children Enrolled in Child Care Programs**” guideline chart are available at [www.health.maryland.gov](http://www.health.maryland.gov). (Choose Immunization in the A-Z Index)

**MARYLAND DEPARTMENT OF HEALTH IMMUNIZATION CERTIFICATE**

CHILD'S NAME \_\_\_\_\_  
 LAST FIRST MI  
 SEX: MALE  FEMALE  BIRTHDATE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 COUNTY \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_  
 PARENT NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
 OR  
 GUARDIAN ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

**RECORD OF IMMUNIZATIONS (See Notes On Other Side)**

| Vaccines Type |                          |                    |                  |                    |                  |                        |                  |                  |        |                    |                   |                        |   |
|---------------|--------------------------|--------------------|------------------|--------------------|------------------|------------------------|------------------|------------------|--------|--------------------|-------------------|------------------------|---|
| Dose #        | DTP-DTaP-DT<br>Mo/Day/Yr | Polio<br>Mo/Day/Yr | Hib<br>Mo/Day/Yr | Hep B<br>Mo/Day/Yr | PCV<br>Mo/Day/Yr | Rotavirus<br>Mo/Day/Yr | MCV<br>Mo/Day/Yr | HPV<br>Mo/Day/Yr | Dose # | Hep A<br>Mo/Day/Yr | MMR<br>Mo/Day/Yr  | Varicella<br>Mo/Day/Yr | History of<br>Varicella<br>Disease<br>Mo/Yr |
| 1             |                          |                    |                  |                    |                  |                        |                  |                  | 1      |                    |                   |                        |   |
| 2             |                          |                    |                  |                    |                  |                        |                  |                  | 2      |                    |                   |                        |   |
| 3             |                          |                    |                  |                    |                  |                        |                  |                  |        | Td<br>Mo/Day/Yr    | Tdap<br>Mo/Day/Yr | MenB<br>Mo/Day/Yr      | Other<br>Mo/Day/Yr                          |
| 4             |                          |                    |                  |                    |                  |                        |                  |                  |        | _____              | _____             | _____                  | _____                                       |
| 5             |                          |                    |                  |                    |                  |                        |                  |                  |        | _____              | _____             | _____                  | _____                                       |

To the best of my knowledge, the vaccines listed above were administered as indicated.

Clinic / Office Name  
Office Address/ Phone Number

1. \_\_\_\_\_  
 Signature Title Date  
 (Medical provider, local health department official, school official, or child care provider only)

2. \_\_\_\_\_  
 Signature Title Date

3. \_\_\_\_\_  
 Signature Title Date

Lines 2 and 3 are for certification of vaccines given after the initial signature.

**COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM VACCINATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY VACCINATION(S) THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.**

**MEDICAL CONTRAINDICATION:**

**Please check the appropriate box to describe the medical contraindication.**

This is a:  Permanent condition OR  Temporary condition until \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date

The above child has a valid medical contraindication to being vaccinated at this time. Please indicate which vaccine(s) and the reason for the contraindication, \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
 Medical Provider / LHD Official

**RELIGIOUS OBJECTION:**

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any vaccine(s) being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_