

**2019 SUMMER CAMPS
HEALTH/RELEASE FORM**

Triple Threat: ___1: 6/17-6/28 ___2: 8/5-8/16 ___3: 8/19-8/30
Movie: ___7/15-7/19
Seussical Jr: ___7/22-8/2
JR Music: ___1: 6/24-6/28 ___2: 7/15-7/19 ___3: 7/22-7/26
Kidzrock: ___7/8-7/12

Camper _____ Age as of 6/1/19 _____ Date of Birth _____ Boy or Girl

Father/Guardian _____ Contact Phone _____

Email _____

Mother/Guardian _____ Contact Phone _____

Email _____

Mailing Address (street, city, zip) _____

Camper lives with: Father Mother Both If Other, who? _____ Relationship _____

Email _____ Contact Phone _____

Emergency Contacts Other than parents or guardians. List two names.

Name _____ Relationship _____ Contact Phone _____

Name _____ Relationship _____ Contact Phone _____

Release Authorization

I authorize the following people to pick up my child from the camp, during or at the conclusion of the camp day (name and cell phone)

- 1. _____ 2. _____
- 3. _____ 4. _____

Medical Information

IMMUNIZATION REQUIREMENT

All campers must have current immunizations that are consistent with State of Maryland school requirements.

School: Is your child enrolled in a Maryland PUBLIC or NON-PUBLIC certified school? ___ YES ___ NO
School Name _____

*****IF "NO", YOU MUST COMPLETE THE MARYLAND IMMUNIZATION CERTIFICATE.*****

*****Date of Child's last Tetanus shot (part of DTP): _____ (must be filled in)*****

Physician Name _____ Phone Number: _____

Address (street, city, state, zip) _____

Allergies: Foods _____

Drugs _____

Other _____



Chronic or Recurring Illness:

Asthma _____ Diabetes _____ Other _____

Physical, Psychiatric, or Behavioral Issues (If ADD/ADHD, Autistic, etc., must explain): _____

If your child is taking any medication, list the types/medication: _____

Will your child need to take medication during camp hours? _____

- If **yes**, a separate Authorization for Medication Form **must be completed by the physician** and returned to the Academy Office. Please download the form from the website.
- The **Authorization for Medication Form** must be signed by the parent/guardian and your child's physician.
- Directions for the medication must be labeled clearly.
- Medication (**IN ITS ORIGINAL, PROPERLY LABELD PHARMACEUTICAL CONTAINER**) must be delivered daily to the Academy Office.
- The staff is not equipped to administer medication, but will supervise the camper's self-administration of the labeled medication. If the camper is unable to self-administer the medication, the staff will call 911 in an emergency situation.

Photograph/Video Release

The Academy of Fine Arts reserves the right to use photos and videos taken in camps, classes, and performances for promotional use.

Release Agreement

By registering your child you agree to the following: Although every effort is made to provide a safe environment, I recognize there is always a risk of accident. By submitting a registration, I agree to be responsible for any medical bills incurred resulting from illness or injury during my child's participation at the Academy of Fine Arts Camps. Campers are expected to carry their own accident and medical insurance. I release the Academy of Fine Arts from any and all liability and/or claims or damages arising out of personal injury of any kind. If necessary, I authorize the Academy of Fine Arts to administer first aid and/or authorize medical treatment for my child.

By signing here, I HAVE READ, UNDERSTOOD AND AGREE TO ALL THE TERMS OF ENROLLMENT ABOVE, and I verify that all information on this form is correct.

PRINT PARENT/GUARDIAN NAME

SIGNATURE OF PARENT/GUARDIAN

DATE