

Camper Health History

Child's name: _____

The following is required for a camper to be admitted to day camp.

Camper Immunization Information

All campers must be current on all immunizations, see www.EDCP.org.

1. Provide date (month and year) of camper's last tetanus (or DTP) shot: _____
2. Is the camper currently enrolled in a Maryland school, public or private?

___ Yes, provide name of Maryland school: _____

___ No, Provide copy of immunization confirming that the child has received all immunizations as required by the Maryland DHMH Recommended Childhood Immunization Schedule.

3. Is the camper exempt from any immunization on medical or religious grounds?

___ Yes, provide a signed copy of 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 immunization for religious reasons.

___ No

Contact Information:

Parent or Legal

Guardian: _____ Phone: _____

Emergency Contact Person: _____ Phone: _____

Camper's Physician: _____ Phone: _____

Health Information: Provide information on any medical conditions, psychological conditions, behavioral conditions, medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive:

Parent or Legal Guardian's Signature: _____

Date _____
