



City of Gaithersburg - Department of Parks, Recreation, and Culture - 301.258.6350
2011 Summer Program Consent Form

Camp Name _____ Location _____

PARTICIPANT INFORMATION

Name of Child _____ D.O.B. ___/___/___ Age ___ M F

Address _____

Parent/Guardian Name(s) _____

Phone (H) _____

Mother Phone (W) _____ (C) _____

Father Phone (W) _____ (C) _____

Emergency Contact (*individual other than parent authorized to pick-up your child*)

1. Name _____ Phone _____

2. Name _____ Phone _____

RELEASE AUTHORIZATION

Please check appropriate space:

I give permission for my child to walk home at the end of the program.

My child will be picked up by parent/guardian, emergency contact, or authorized individuals listed below:

1. Name _____ Phone _____

2. Name _____ Phone _____

***Note: If there are individuals who are specifically NOT authorized to pick your child up from camp, please notify the camp supervisor before camp starts at 301-258-6350.**

HEALTH HISTORY

Does your child attend a Maryland school? Yes No

If not, attach a copy of your child's immunization record.

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

If yes, please submit appropriate papers.

Date of Last Tetanus Shot ___/___/___

Physician's Name _____ Phone _____

Allergies: _____

Chronic or Recurring Illness: _____

Is your child taking any medications? Yes No

If yes, what and why? _____

***Note: If your child needs any medication during program hours, you must complete the medication form and give it to the site leaders on the first day of camp. All forms are available online at www.gaithersburgmd.gov/camps**

List any concerns which may affect your child's participation in any activities: _____

My child has my permission to attend the Summer Camp Program as listed above, sponsored by the City of Gaithersburg Department of Parks, Recreation, and Culture. I give permission for my child to take part in all activities which will take place including field trips and recreational swimming. Transportation, when necessary, will be provided by County or City vehicles. I understand that although safety precautions will be observed, the City of Gaithersburg, its employees, and agents will not be responsible for personal property lost by my child or for any injury sustained in the program. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure proper treatment for my child.

Signature of Parent or Legal Guardian

Date

Please circle your child's swimming ability:
Non swimmer Beg. Inter. Adv.

PROCEDURES FOR ON SITE MEDICATION

Parental Responsibility

All medication should be taken by the child at home under parent/guardian supervision whenever possible. Should a camper need assistance with medication while attending a City of Gaithersburg Parks, Recreation, and Culture Program, the following criteria must be completed in full:

1. Completion of attached form by physician and returned to site prior the first day medication is needed at camp.
2. Parent/Guardian signature on form.
3. All medication prescription and nonprescription, must be safely and properly enclosed in a container with a childproof top and pharmacy label indicating the prescription number, date filled, prescribing physician's name, and specific directions for dispensing medication.
4. Parents need to personally bring the medication to the activity and give it to the team leader.
5. Medicines that require refrigeration cannot be dispensed, due to the lack of storage facilities.

If you have any questions please call the Parks, Recreation and Culture office at 301-258-6350.

City of Gaithersburg 506 S. Frederick Ave. Gaithersburg MD 20877 (301) 258-6350

MEDICATION FORM

Child's Name _____

Age _____

Recreation Program Name _____

Name of Medication _____

Reason for Medication _____

Dates of Distribution _____

Dosage Frequency _____

Potential Side Effects _____

Special Instructions _____

Physician's Signature _____ Date ____/____/____

Parent/Guardian Signature _____ Date ____/____/____

Community Camps & YAPS Character Agreement

Parents, this agreement has been established to provide a safe and positive atmosphere for your child. Please help your child read and understand the following agreement, so that they accept the responsibilities to ensure a successful and happy camp experience. Violation of this agreement could result in suspension or removal from Community Camps or YAPS programs.

Participants Name:

1. I must follow all camp rules and directions given by staff.
2. I must stay with my unit and/or in the area being supervised by staff.
3. I must treat all campers and staff with respect.
4. I understand that negative behavior (kicking, hitting, rudeness, etc.) and the use of inappropriate language will not be accepted.
5. I will ask for help when I need it or when I do not understand.

Signature of Participant _____

Print Name _____

Camp Name _____

Parents, please note the following:

Walkers: If your child is signed up as a walker, he/she must sign in at the check-in desk before participating in activities. He/she must also sign out before leaving the site.

Check-in: If you drive your child to the campsite:
You must accompany your child to the check-in desk each morning.
You must walk in and sign your child out at the end of the day.

Leaving Early: Children will be allowed to leave early only if a parent is present or if the staff has received a note with a parent signature requesting early dismissal.

Substitute Pick-up: If someone other than the parent will be picking up your child, **please** send a note stating person's name and giving your consent. Your child will not be dismissed unless we receive written permission from you.

We have instituted the above policies for the safety of our campers.

05/11/11

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