



MSA SPORTS CAMPS

HEALTH & EMERGENCY CONTACT FORM

Child's Name: _____ Child's Age: _____ DOB: ____ / ____ / ____.

Parent/Guardian Name(s): _____ Child: ☐ Male ☐ Female

Current Address: _____

Home Phone: _____ Cell Phone: _____

Mom's Day Phone: _____ Dad's Day Phone: _____

In case of emergency and a parent is not available, list two emergency contacts: **NOTE: Please remember to notify the persons you have listed as a contact.**

Contact: _____ Phone(s): _____

Contact: _____ Phone(s): _____

Child's Health Insurance: _____

Primary Care Physician: _____ Phone: _____

Release Authorization

At the conclusion of the program day, I authorize the following people to pick up my child from the program:

(List names of individuals other than yourself, 16 years and over that have your authorization to pick up your camper.)

1. _____ 2. _____

3. _____ 4. _____

I understand that my child will only be released to these individuals, and they may be requested to show identification.

Signed: _____

Immunization Requirements

All children who attend Montgomery Sports Association camps must have current immunizations that are consistent with states of MD, VA, and the District of Columbia school requirements.

☐ My child is registered at a licensed school or daycare in the states of MD, VA, and the District of Columbia

☐ Date of Child's last Tetanus shot:

► **Note: Does the camper have any immunization exemptions because of a parental or guardian objection or medical contraindication:** ☐ **NO**
YES, List _____

☐ My child is not registered in a Maryland licensed school or day care (*Please attached a copy of your child immunization record*)

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

An Authorization for Medication form must be Filled out if your child must receive medication during camp hours.

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

☐ **YES, Explain** _____

► 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** _____

(Please Note: For emergency medical treatment, 911 will be called.)

Statement of Wellness for Participation and Permission to administer Emergency Treatment:

I, _____, do hereby verify that my child to the best of my knowledge is free from contagious disease, is fully immunized, and is able to participate fully in the sports camp programs. In Case of a medical emergency and event that the parent/ guardian cannot be reached, I hereby give my permission for emergency treatment to be administered to my child. I understand that camp and organizers do not carry accidental injury insurance on campers and I waive and release the camp organizers, and their employees for any personal injuries, illness, loss, or damage to property. I agree to assume liability for any expenses incurred in such an emergency (transportation, hospitalizations, x-rays, etc.).

Parent/Guardian Signature _____

Date _____