

Kent County Parks and Recreation Health History Form

This form is required. Please type or print clearly.
REGISTRATION WILL BE DELAYED IF INFORMATION IS INCOMPLETE.

Participant's Name: _____

This Question only applies to Kiddie, Day, Youth In Action, Playground, and Afterschool Participants Only

Maryland School Child Attends: _____
 Grade Child Entering: _____
 MD City School located: _____

Note: If child is not enrolled in a Maryland school, a copy of his/her CURRENT immunization record or medical contraindication or religious objection must accompany this health form.)

Family Physician: _____

Name
Phone

Date of Last PHYSICAL EXAM: _____ Date of Last TETANUS VACCINE: _____
Both Must be completed- (Month/Year Only) **DO NOT LEAVE BLANK**

Has participant experienced any of the following?

| Type | Yes | No | Type | Yes | No | Type | Yes | No |
|---|-----|----|--------------------------|-----|----|-------------------|-----|----|
| Eating Disorder | | | Menstruation Problems | | | Frequent Earaches | | |
| Sleeping Disorder | | | Bowel/Bladder Disorder | | | Asthma | | |
| Posture Problems | | | Eye Problems | | | Diabetes | | |
| Dental Problems | | | Wear Glasses or Contacts | | | Anemia | | |
| Skin Problems | | | Hearing Difficulties | | | Speech Problems | | |
| Allergies | | | If yes, explain: | | | | | |
| Illness/Disability | | | If yes, explain: | | | | | |
| Currently taking Medicine | | | If yes, explain: | | | | | |
| Behavioral Problems | | | If yes, explain: | | | | | |
| Additional medical information or special conditions staff should know: | | | | | | | | |

Medical Insurance Carrier: _____ Group/Policy #: _____

Parent/Guardian Name: _____ Home # _____ Work #: _____

Emergency Contact #1: _____

Name
Relationship to Child
Phone Numbers

Emergency Contact #2: _____

Name
Relationship to Child
Phone Numbers

*****Emergency contacts must be listed separately on pick up Authorization Form if also authorized to pick up your child*****

The above health history is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed camp activities except as noted. Authorization for treatment: I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment, and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named above. The completed forms may be photocopied for trips out of camp.

 Parent/Guardian Signature

 Date

If emailing - signature will be due the first day of the program

***IF YOU CAN NOT SIGN THIS FORM FOR RELIGIOUS REASONS YOU MUST PROVIDE A SIGNED LEGAL WAIVER WITH THIS FORM.**

Kent County Parks and Recreation Summer Camp Additional Information Request Form

This form is required. Your spot will be held pending the completion of this additional form

Participant's Name: _____ Nick Name(if any): _____

Please check program your child will attend:

Kiddie Camp (3 1/2-5 years) Day Camp (6-10 years)
 Youth In Action (Check Grade Entering __5 or __6)

Sibling Name: _____ Check Camp Sibling Attending: Kiddie Day YIA
 Sibling Name: _____ Check Camp Sibling Attending: Kiddie Day YIA
 Sibling Name: _____ Check Camp Sibling Attending: Kiddie Day YIA

T-Shirt Size: Child or Adult **Check One:** XS S M L XL XXL

Fees: Regular Hours 9 am – 5 pm \$60/session 1st child & \$45/session per additional child in same household
 Extended Hours 8 am – 5:30 pm \$70/session 1st child & \$52.50/session per additional child in same household
 *YIA camp 8 am – 5:30 pm \$70/session 1st child & \$52.50/session per additional child in same household
 Regular Hours Entire Summer Prepay \$360 & no additional child discount
 Extended Hours Entire Summer Prepay \$420 & no additional child discount
 YIA Entire Summer Prepay \$420 & no additional child discount

REQUIRED - check each session(s) and hours your child will attend:

| Sessions | Kiddie Camp & Day Camp | | Youth In Action |
|-----------|---------------------------|-------------------------------|-----------------|
| | Regular Hours 9 am - 5 pm | Extended Hours 8 am - 5:30 pm | 8 am – 5:30 pm |
| Session 1 | | | |
| Session 2 | | | |
| Session 3 | | | |
| Session 4 | | | |
| Session 5 | | | |
| Session 6 | | | |
| Session 7 | | | |

Child Pick Up Authorization

| | | |
|------|-----------------------|-------|
| Name | Relationship to Child | Phone |
| Name | Relationship to Child | Phone |
| Name | Relationship to Child | Phone |
| Name | Relationship to Child | Phone |

I understand Kent County Parks & Recreation will not release my child to anyone not listed above and **it is my responsibility to update this list** as needed.

I hereby give permission for my child to attend and be transported to all trips and activities sponsored by the Parks & Recreation department. In consideration of the department accepting my child in this program, I agree to release and discharge Kent County, its employees and agents, from any injuries sustained by my child as a result of participation in this program. I agree to indemnify and hold harmless Kent County, its employees and agents, against any liability incurred as a result of such injury or loss. It is understood and agreed that Kent County, its employees and agents, cannot be responsible for any aggravation or injury caused as a result of a pre-existing physical defect; including, but not limited to, allergies. The Recreation Department will be notified of any such defects or sensitivities in writing prior to enrolling in these programs. I also give my permission to have my child photographed or video taped for the purpose of archives, program promotion or educational reasons.

_____ ____/____/____
 Parent/Guardian Signature Date

If emailing - signature will be due the first day of the program

Character Counts at Kent County Parks and Recreation Conduct Code Agreement

As a participant in any Kent County Parks & Recreation program your child is expected to exhibit appropriate behavior at all times while participating, spectating, or attending any program or activity sponsored by the department. ***Character Counts at Kent County Parks & Recreation! We promote the six pillars of good character.*** The following participant regulations are designed to provide safe and enjoyable activities for ALL participants.

PARTICIPANTS SHALL:

1. Show **respect, fairness** and a sense of **caring** to all participants, program staff, supervisors and or guests.
2. Take direction from program staff/supervisors.
3. Refrain from using abusive or foul language
4. Not cause bodily harm to self, other participants, or program staff/supervisors. ***(Threats and or physical violence of any type WILL NOT BE TOLERATED and is means for immediate dismissal no exceptions.)***
5. Refrain from damaging equipment.
6. Refrain from vandalism of property/ equipment.
7. Remain with his/her group and or supervisor at all times. Be **responsible** and **trustworthy**.
8. Abide by the program site policies and regulations. And, display at all times good **citizenship**.

**CONDUCT REPORTS WILL BE ISSUED WHEN VERY AGGRESSIVE, DANGEROUS, PERSISTENT OR UNCONTROLLABLE POOR BEHAVIOR IS EXHIBITED.
APPROVED DISCIPLINE MEASURES WILL BE:**

1. Time Outs: Participant will be asked to sit out, from an activity, for a short period of time.
2. Loss of privileges: Participant will lose privileges such as choice of game or activity.
3. After three written conduct reports suspension from the program for one week.
4. Upon a fourth conduct report, or a single severe behavior problem, dismissal from the program indefinitely.

Please sign below as an indication that you have read, understood and encourage your child to abide by the Code of Conduct. By signing below, you understand the discipline procedures for misbehavior by your child.

PARTICIPANT SIGNATURE: _____
(Children ages 6 and older must sign/print own name. Parent must not complete for child.)

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____