



# KENT COUNTY PARKS & RECREATION

## SUMMER CAMP REGISTRATION

Welcome Parents! Below is a list of items that **MUST** be completed on the registration form **BEFORE** your child/children can be enrolled in the Summer Camp with Kent County Parks and Recreation. If one or more items are incomplete or missing, the registration forms will be returned to you. This may cause your child/children to have a delayed enrollment into program and to possibly be added to a waiting list. You may **register online, in person, or by mail**. Registration forms will **NOT** be accepted via facsimile or email. Contact Michelle Morgan at 410-778-2083 or email [info@KentParksAndRec.org](mailto:info@KentParksAndRec.org) with questions.

- ☐ A **Non-refundable** deposit is required for each child (applied to child's first session).
- ☐ Parent/Guardian Signature on all pages
- ☐ Participant Signature on the Code of Conduct Agreement
- ☐ Children age 6 and older must print or sign own name on Code of Conduct Agreement
- ☐ Immunization Information (Must indicate if child is exempt)
- ☐ Family Physician's Name and Phone Number
- ☐ Medical Insurance Carrier and Group/Policy Number
- ☐ Child's T-Shirt Size (Please indicate whether Child or Adult size)
- ☐ Sessions your child will attend (All: 1-9 or Individual: 2,3,6,7, etc.)
- ☐ Child Pick-Up Authorization (Kent County Parks and Recreation will not release a child to anyone not listed.)
- ☐ Medication Authorization Form (Must be signed by the prescriber/physician for a child who currently takes medication and will need dosage(s) self administered during camp hours)

### **Scholarship Applications**

All materials must be provided at the time of registration in order to secure your child's spot.

- ☐ Complete Scholarship Application
- ☐ Scholarship Support Documents
- ☐ Non-refundable first week's deposit per child. Deposit is required and non-refundable regardless of scholarship status or award amount.

\*If registering online, scholarship application and support documents must be submitted within three (3) days. **The required scholarship documents are:**

- First page of the previous year's federal taxes (1040 form) **AND** (2) consecutive pay stubs for each adult parent/guardian in the household.
- **OR**
- If receiving any type of public assistance, an original letter on letterhead from the agency verifying you receive assistance and that you are the parent or guardian of the child(ren) being enrolled.

\*If approved for a scholarship for the award year (September 1 - August 31) a new scholarship application is not required for programs that take place within the scholarship award period.

### **Summer Camp Program Dates 2026**

- Session 1: June 15 - June 18 (Closed June 19th)
- Session 2: June 22 - June 26
- Session 3: June 29 - July 2 (Closed July 3rd)
- Session 4: July 6 - July 10
- Session 5: July 13 - July 17
- Session 6: July 20 - July 24
- Session 7: July 27 - July 31
- Session 8: August 3 - August 7
- Session 9: August 10- August 14

### **Enrollment Confirmation and Scholarship Award Notification:**

Sent within (2) weeks of receipt of registration  
(Pending all documentation is in order).



11041 Worton Road  
Worton, MD 21678



[KentParksAndRec.org](http://KentParksAndRec.org)



410-778-1948



[info@KentParksAndRec.org](mailto:info@KentParksAndRec.org)

### Camp Descriptions

#### **Kiddie Adventure Camp - Ages 3.5 - 4**

Our specially designed program offers a blend of fun and learning in a safe and structured environment. From engaging indoor and outdoor activities to creative arts and crafts, swimming, storytelling, and exciting events, Kiddie Camp promises a summer filled with joy and discovery. Watch your little campers grow, make friends, and create cherished memories in this delightful summer experience designed just for them! Limited to 16 participants.

#### **Little Explorers - Ages 5 - 6**

Let your little adventurers explore the great outdoors with our specially designed summer program! Adventure Camp offers a fun-filled blend of nature-based activities, creative arts and crafts, group games, and themed exploration days. Campers will enjoy the fresh air, build confidence, make new friends, and discover the joy of outdoor play. From scavenger hunts to water play and interactive storytelling sessions, each day is an exciting opportunity for growth and unforgettable memories. Limited to 16 participants, so secure your spot today!

#### **Young Explorers Camp- Ages 7 - 10**

Dive into an action-packed summer with our Summer Day Camp, where kids will spend most of their day exploring the great outdoors! From nature adventures and exciting group games to arts and crafts under the sun, sports, and themed special events, every day is a new opportunity for fun and discovery. Led by energetic and experienced staff, this outdoor-focused camp fosters a love for nature, builds lasting friendships, and provides a dynamic environment for learning and play. Join us for a summer filled with fresh air, laughter, and unforgettable memories!

#### **Youth in Action - Ages 11-12 (10 entering 5th grade)**

Youth In Action caters to youth entering grades 5 - 6, offering a meticulously structured program that instills strong values, promotes character building, encourages healthy lifestyle choices, fosters nature appreciation, includes special events, and guarantees plenty of fun! Participants will be on the go throughout the community and have the opportunity to earn service-learning hours by engaging in various volunteer activities. With limited spots available (only 24 youth), this program ensures personalized attention and a close-knit community.

#### **Leaders Club - Ages 13-15 (12 entering 7th grade)**

Leaders Club, tailored for youth entering grades 7-9, is a dynamic program integrating education, service learning, and recreation. Participants delve into topics like substance abuse, conflict resolution, and job readiness through engaging sessions and exciting field trips. Participants will be on the go throughout the community to earn service learning hours by contributing to projects like Adopt-A-Road cleanups and volunteering at care facilities. Blend learning with fun through recreational activities including swimming, movies, and sports. Leaders Club shapes well-rounded individuals, fostering personal growth, community service, and recreational enjoyment. Limited to 12 participants.

### Online Registration

To register online, visit [kentparksandrec.org](http://kentparksandrec.org).

### Lunches & Snacks

Campers are required to bring two snacks and a refillable drink container daily. Lunch will be provided from Monday - Thursday. **On Fridays**, campers must pack their own non-refrigerated lunch. Please note any food allergies. Children with severe food allergies may be asked to pack their own non-refrigerated lunch daily. **No lunch will be provided the last week of camp (week 9), campers must pack a non refrigerated lunch daily.**

### Camp Hours

Monday - Friday  
7:45a - 5:00p

### Payment

We accept payment in cash, check or credit card. Make Check or Money Order payable to County Commissioners of Kent County, MD. All online payments are subject to a nominal processing fee.

## **Registration is Accepted:**

- In person at the Kent County Community Center located at 11041 Worton, Rd., Worton, MD 21678
- By mail to Kent County Parks & Recreation, P.O. Box 67, Worton, MD 21678
- Online at [kentparksandrec.org](http://kentparksandrec.org)

## **Registration Forms**

Incomplete forms will not be accepted and will delay your child's enrollment. Please complete one (1) registration form for each participant along with payment.

## **Program Hours**

Summer camp programs from 7:45a-5:00p. Extended care, before 7:45a and after 5:00p **is not available**. Parents with (3) or more early drop-offs or late pick-ups may be removed from the program.

## **Registration Deposit**

A non-refundable deposit of \$85 (Resident) or \$105 (Non-Resident) is required to secure your child's spot in camp. This deposit is not eligible for the sibling discounts and must be paid by all participants, including scholarship applicants. Scholarships, if awarded, will be applied starting with the second session attended. Please be aware that all deposits are strictly **NON-REFUNDABLE**.

## **Sibling Discounts**

First child will pay full weekly price; each additional child in the same household will receive a 25% discount off the weekly price.

## **Scholarship Information**

When registering online, please submit your scholarship application and supporting documents to the Parks & Recreation office within three (3) days. Failure to provide all necessary documents may delay the review process. To prevent a balance from being added to your account, ensure all documents are submitted at least 10 days before the scheduled payment date, starting the Friday before the second weekly session your child is enrolled in. Missing this deadline will result in automatic balance being applied to the account. Scholarships apply only to unpaid fees and cannot be applied retroactively.

## **Refund Policy**

- Deposits are non-refundable with no exceptions.
- To request a refund, parents must fill out a program withdraw form **AND** request a refund in writing.
- Withdraw and refund requests can be submitted via email at [info@KentParksAndRec.org](mailto:info@KentParksAndRec.org) OR dropped off in person at the Kent County Community Center.
- Refunds are subject to a \$10 processing fee and may take up to two (2) weeks to process (excludes the non-refundable deposit).
- We reserve the right to cancel or alter programs that do not meet registration requirements. If a program is canceled by Kent County Parks and Recreation, a full refund will be issued.
- To receive a full refund, a withdraw request form must be submitted 21 days before the start of the program (excludes the non-refundable deposit).
- A partial refund, excluding the non-refundable deposit, may be granted if submitted 10-22 days before the start of the program.
- Refunds will **NOT** be granted with less than 10 days before the start of the program.
- Withdrawal requests must be submitted at least 10 days before the session begins. **If a request is not received within this timeframe, parents will be responsible for the full balance**, regardless of whether the child attends. Additionally, the child will not be permitted to return to camp until the balance is paid in full.

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# KENT COUNTY PARKS & RECREATION

REGISTRATION FORM

## HOUSEHOLD INFORMATION

|                         |                                     |                     |                      |          |
|-------------------------|-------------------------------------|---------------------|----------------------|----------|
| PRIMARY<br>CONTACT INFO | Parent/Guardian #1 Full Name: _____ | DOB: _____          | Kent County Resident | Yes / No |
|                         | Address _____                       | City / State: _____ | Zipcode: _____       |          |
|                         | Home Phone: _____                   | Work Phone: _____   | Cell Phone: _____    |          |
|                         | Email: _____                        |                     |                      |          |
|                         | Parent/Guardian #2 Full Name: _____ | DOB: _____          | Email: _____         |          |

|   |              |              |
|---|--------------|--------------|
| Emergency Contact / Authorized Pick-up #1: Name | Relationship | Phone Number |
| Emergency Contact / Authorized Pick-up #2: Name | Relationship | Phone Number |

## PROGRAM REGISTRATION

| Participant Full Name | DOB | M/F | Shirt Size | Program Name | Fee | Accommodations   |
|-----------------------|-----|-----|------------|--------------|-----|--|
|                       |     |     |            |              |     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                       |     |     |            |              |     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                       |     |     |            |              |     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                       |     |     |            |              |     | <input type="checkbox"/> Yes <input type="checkbox"/> No |

I recognize the risks of illness and injury in any exercise/physical fitness or educational program and am participating in the Parks and Recreation program upon the express agreement and understanding that I am hereby waiving and releasing County Commissioners of Kent County, its officers, directors, employees, and agents from any and all claims, costs, liabilities, expense or judgment, including attorney's fees and court costs (herein, collectively "claims") arising out of my participating in the aforesaid course/activity or any illness, injury, or death resulting there from and hereby agree to indemnify and hold harmless the County Commissioners of Kent County from and against all such Claims except Claims proximately caused by the gross negligence or willful misconduct of County Commissioners of Kent County its officers, directors, employees, and agents. I give permission for Kent County Parks and Recreation to take photographs of my (or my child's) participation for the purpose of archives and advertising.

**PRINT NAME:** Participant or Parent/Guardian \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Accommodations:** Please indicate if the participant requires accommodations for any medical or behavioral conditions, medications, allergies, dietary restrictions or other needs.

# SESSION ENROLLMENT - SUMMER 2026

Participant First & Last Name / Nickname (if any)

Summer Camp Weekly Fees (all camps)

M/F  Age  Date of Birth  Entering Grade

Kent County  
Residents

Non-Residents

\$85

\$105

Program (please select one)

☐ KIDDIE ADVENTURE CAMP (AGES 3.5-4) ☐ LITTLE EXPLORERS CAMP (AGES 5-6) ☐ YOUNG EXPLORERS CAMP (AGES 7-10) ☐ YOUTH IN ACTION (5TH & 6TH GRADE) ☐ LEADERS CLUB (7-9TH GRADE)

Enrollment Weeks (Please check all that apply)

☐ SESSION 1: JUNE 15 - JUNE 18 (CLOSED JUNE 19TH) ☐ SESSION 5: JULY 13 - JULY 17  
☐ SESSION 2: JUNE 22 - JUNE 26 ☐ SESSION 6: JULY 20 - JULY 24  
☐ SESSION 3: JUNE 29 - JULY 2 (CLOSED JULY 3RD) ☐ SESSION 7: JULY 27 - JULY 31  
☐ SESSION 4: JULY 6 - JULY 10 ☐ SESSION 8: AUGUST 3 - AUGUST 7  
☐ SESSION 9: AUGUST 10 - AUGUST 14

Payment (Please select one)

☐ WEEKLY PAYMENT PLAN ☐ PAY IN FULL

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.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

## FOR OFFICE USE ONLY

Amount Paid: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Cash/Check #: \_\_\_\_\_ Conf Date: \_\_\_\_\_  
Scholarship: \_\_\_\_\_ Date Entered in ActiveNet: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Date Withdrawal Form Received: \_\_\_\_\_ Refund Date (if applicable): \_\_\_\_\_  
Administrative Specialist II Initials: \_\_\_\_\_  
Amount Refunded: \_\_\_\_\_ Date Refund Submitted to Finance Department: \_\_\_\_\_

If any part of the Registration Fee is retained by the Department, please explain:

\_\_\_\_\_

## SUNSCREEN POLICY & PERMISSION

In compliance with the Maryland State Department of Health and Mental Hygiene, Kent County Parks and Recreation Summer Camp will adhere to the below guidelines regarding the application of sunscreen at camp.

1. Parent should apply sunscreen prior to child's arrival at camp each day.
2. Campers should, in most instances, apply the sunscreen on their own. If assistance is needed it will be provided by Camp Staff **ONLY** if specifically authorized (see below).
3. If child requires assistance in re-applying sunscreen, parent must provide permission by completing and signing the form below.
4. Sunscreen will be stored in child's backpack.
5. Campers will be reminded and/or assisted throughout the day to re-apply sunscreen.
6. Parents must monitor for empty sunscreen containers and a replacement should be sent back with the child on the next day of camp.
7. Kent County Parks and Recreation will **NOT** provide sunscreen.

Participant First & Last Name / Nickname (if any)

Date of Birth

Sunscreen Allergies or Sensitivities

Sunscreen Brand Provided

\_\_\_\_\_ I **DO** GIVE permission for Kent County Parks and Recreation Staff to assist with sunscreen application.

\_\_\_\_\_ I **NO NOT** give permission for Kent County Parks and Recreation Staff to assist with sunscreen application.

Please provide any notes on sunscreen application for your child

I acknowledge that I have read and understood the Sunscreen Policy & Permission Form. I agree to ensure that my child is equipped with sunscreen before arriving at camp. If I have granted permission for my child to re-apply sunscreen during camp hours, I will provide a suitable sunscreen product that they can apply independently. In cases where my child requires assistance with re-application, I have authorized camp staff to apply the sunscreen on their behalf.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

# HEALTH HISTORY

Participant First & Last Name

Date of Birth

Child's Physician

Medical Insurance Carrier

Physician Phone

Group/Policy #

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:         |     |    |                   |     |    |  |  |  |  |  |  |
| Behavioral Problems   |     |    | If yes, explain:         |     |    |                   |     |    |  |  |  |  |  |  |
| Currently taking Medicine   |     |    | If yes, explain:         |     |    |                   |     |    |  |  |  |  |  |  |
| Additional medical information or special conditions staff should know. |     |    |                          |     |    |                   |     |    |  |  |  |  |  |  |
| Does your child require any special accommodations?<br>If yes, explain: |     |    |                          |     |    |                   |     |    |  |  |  |  |  |  |

The above health history is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed activities except as noted. Authorization for treatment: I hereby give permission to certified/licensed medical personnel to order x-rays, routine tests, treatment, and necessary transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the attending physician to secure and administer treatment, including hospitalization, for my child as named above. IF YOU CAN NOT SIGN THIS FORM FOR RELIGIOUS REASONS YOU MUST PROVIDE A SIGNED LEGAL WAIVER WITH THIS FORM.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_



## IMMUNIZATION INFORMATION

For campers who reside within the United States, a United States territory, or the District of Columbia:

1. What State/territory does the child reside: \_\_\_\_\_

2. Is this child exempt from any immunizations? [ ☐ ] No [ ☐ ] Yes

If yes, please list: \_\_\_\_\_

For campers who reside outside the United States, a United States territory, or the District of Columbia:

1. What Country does the child reside: \_\_\_\_\_

2. Attach Department form DHMH-896 (record of vaccination or immunity)

## CHILD PICK UP AUTHORIZATION

**Participant First & Last Name / Nickname (if any)**

\_\_\_\_\_

**Date of Birth**

\_\_\_\_\_

**Individuals listed below are authorized to pick up my child.**

|      |       |                       |       |              |       |
|------|-------|-----------------------|-------|--------------|-------|
| Name | _____ | Relationship to Child | _____ | Phone Number | _____ |
| Name | _____ | Relationship to Child | _____ | Phone Number | _____ |
| Name | _____ | Relationship to Child | _____ | Phone Number | _____ |
| Name | _____ | Relationship to Child | _____ | Phone Number | _____ |
| Name | _____ | Relationship to Child | _____ | Phone Number | _____ |
| Name | _____ | Relationship to Child | _____ | Phone Number | _____ |
| Name | _____ | Relationship to Child | _____ | Phone Number | _____ |
| Name | _____ | Relationship to Child | _____ | Phone Number | _____ |
| Name | _____ | Relationship to Child | _____ | Phone Number | _____ |
| Name | _____ | Relationship to Child | _____ | Phone Number | _____ |

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.

**Parent/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Parent/Guardian Printed Name** \_\_\_\_\_



# CHARACTER COUNTS

## CODE OF CONDUCT 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 expectations 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 grounds for immediate dismissal.)
5. Refrain from damaging or vandalizing equipment or property.
6. Remain with his/her group and supervisor at all times. Be **responsible** and **trustworthy**.
7. Abide by the program site policies and regulations and display good **citizenship** at all times.

**CONDUCT REPORTS WILL BE ISSUED WHEN AGGRESSIVE, DANGEROUS, PERSISTENT OR UNCONTROLLABLE POOR BEHAVIOR IS EXHIBITED.**

### APPROVED DISCIPLINE MEASURES ARE:

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** \_\_\_\_\_ **Date** \_\_\_\_\_

(Children ages 6 and older must print or sign own name. Parent must not complete for child.)

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Printed Name** \_\_\_\_\_



**Maryland State Department of Education  
Office of Child Care  
Medication Administration Authorization Form**

This form must be completed fully in order for Child Care Providers/staff to administer the required medication. **This authorization is NOT TO EXCEED 1 YEAR.**  
**This form is required for both prescription and non-prescription/over-the-counter (OTC) medications. Prescription medication must be in a container labeled by the pharmacist or prescriber.**  
**Non-prescription/OTC medication must be in the original container with the label intact per COMAR.**

Place Child's  
Picture Here  
(optional)

**PRESCRIBER'S AUTHORIZATION**

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

| Medication and Strength | Dosage | Route/Method | Time & Frequency | Reason for Medication |
|-------------------------|--------|--------------|------------------|-----------------------|
|                         |        |              |                  |                       |

Medications shall be administered from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

If PRN, for what symptoms, how often and how long \_\_\_\_\_

Possible side effects and special instructions: \_\_\_\_\_

Known Food or Drug Allergies: ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

For School Age children only: The child may self-carry this medication: ☐ Yes ☐ No

The child may self-administer this medication: ☐ Yes ☐ No

PRESCRIBER'S NAME/TITLE Place Stamp Here (Optional)

TELEPHONE FAX

ADDRESS

DATE (mm/dd/yyyy)

PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here)

(original signature or signature stamp only)

**PARENT/GUARDIAN AUTHORIZATION**

I authorize the child care staff to administer the medication or to supervise the child in self-administration as prescribed above. I attest that I have administered at least one dose of the medication to my child without adverse effects. I certify that I have the legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period an authorized individual must pick up the medication; otherwise, it will be discarded. I authorize child care staff and the authorized prescriber indicated on this form to communicate in compliance with HIPAA. I understand that per COMAR 13A.15, 13A.16, 13A.17, and 13A.18, the child care program may revoke the child's authorization to self-carry/self-administer medication. School Age Child Only: OK to Self-Carry/Self-Administer ☐ Yes ☐ No

PARENT/GUARDIAN SIGNATURE

|              |                   |                                   |
|--------------|-------------------|-----------------------------------|
| MEDICATION   | DATE (mm/dd/yyyy) | INDIVIDUALS AUTHORIZED TO PICK UP |
| CELL PHONE # | HOME PHONE #      | WORK PHONE #                      |

**CHILD CARE STAFF USE ONLY**

- Child Care Responsibilities: 1. Medication named above was received. Expiration date \_\_\_\_\_ ☐ Yes ☐ No
2. Medication labeled as required by COMAR. ☐ Yes ☐ No
3. OCC 1214 Emergency Form updated. ☐ Yes ☐ No ☐ N/A
4. OCC 1215 Health Inventory updated. ☐ Yes ☐ No ☐ N/A
5. Individualized Treatment/Care Plan: Medical/Behavioral/IEP/IFSP. ☐ Yes ☐ No ☐ N/A
6. Staff approved to administer medication is available onsite, field trips ☐ Yes ☐ No

Reviewed by (printed name and signature): DATE (mm/dd/yyyy)



# ASTHMA ACTION PLAN AND MEDICATION ADMINISTRATION AUTHORIZATION FORM for Youth Camps in Maryland

Page 1 of 2

Maryland Department of Health (MDH)  
Office of Healthy Homes and Communities  
(410) 767-8417 or 1-877-463-3464 ext. 78417

Please complete both pages of this form if the child has an inhaler or other asthma-related medication

|   |  |   |       |                             |  |
|---|--|---|-------|-----------------------------|--|
| 1. CHILD'S NAME (First Middle Last)   |  | 2. DATE OF BIRTH (mm/dd/yyyy)             |       | 3. PEAK FLOW PERSONAL BEST: |  |
| 4. ASTHMA SEVERITY (check one):<br><input type="checkbox"/> Mild Intermittent<br><input type="checkbox"/> Mild Persistent<br><input type="checkbox"/> Moderate Persistent<br><input type="checkbox"/> Severe Persistent   |  | <input type="checkbox"/> Exercise Induced |       |                             |  |
| 5. ASTHMA TRIGGERS (check all that apply):<br><input type="checkbox"/> Colds<br><input type="checkbox"/> Exercise<br><input type="checkbox"/> Animals<br><input type="checkbox"/> Dust<br><input type="checkbox"/> Smoke<br><input type="checkbox"/> Food<br><input type="checkbox"/> Weather<br><input type="checkbox"/> Other |  |   |       |                             |  |
| Section I. ASTHMA ACTION PLAN   |  |   |       |                             |  |
| 6. THIS ASTHMA ACTION PLAN SHALL BE EFFECTIVE FOR AND MEDICATION SHALL BE ADMINISTERED during the year in which this form is dated in 9b below unless more restrictive dates are specified in 6a and 6b. This authorization is NOT TO EXCEED 1 YEAR.  |  |   |       |                             |  |
| GREEN ZONE - DOING WELL   |  |   |       |                             |  |
| You have ALL of these   |  | Medication Name                           |       | Dose                        | Route  |
| Breathing is good   |  |   |       |                             |  |
| No cough or wheeze  |  | Known side effects:                       |       |                             |  |
| Can walk, exercise, & play  |  |   |       |                             |  |
| Can sleep all night   |  | Known side effects:                       |       |                             |  |
| If known, peak flow greater than (80% personal best)  |  | Known side effects:                       |       |                             |  |
| Exercise Zone   |  |   |       |                             |  |
| Rescue Medication   |  | Dose                                      | Route | Frequency                   | OK to Self-Administer                                    |
| <input type="checkbox"/> Prior to all exercise/sports   |  |   |       |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> When the child feels they need it  |  |   |       |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   |  |   |       |                             |  |
| YELLOW ZONE - GETTING WORSE   |  |   |       |                             |  |
| You have ANY of these   |  | Emergency Medication                      |       | Dose                        | Route  |
| Some problems breathing   |  |   |       |                             |  |
| Wheezing, noisy breathing   |  | Known side effects:                       |       |                             |  |
| Tight chest   |  |   |       |                             |  |
| Cough or cold symptoms  |  | Known side effects:                       |       |                             |  |
| Shortness of breath   |  | Known side effects:                       |       |                             |  |
| Other:  |  |   |       |                             |  |
| If known, peak flow between and (50% to 79% personal best)  |  | Known side effects:                       |       |                             |  |
| RED ZONE - MEDICAL ALERT/DANGER   |  |   |       |                             |  |
| You have ANY of these   |  | Emergency Medication                      |       | Dose                        | Route  |
| Breathing hard and fast   |  |   |       |                             |  |
| Lips or fingernails are blue  |  | Known side effects:                       |       |                             |  |
| Trouble walking or talking  |  |   |       |                             |  |
| Medicine is not helping (15-20 mins?)   |  | Known side effects:                       |       |                             |  |
| Other:  |  |   |       |                             |  |
| If known, peak flow below (0% to 49% personal best)   |  | Known side effects:                       |       |                             |  |
|   |  |   |       |                             |  |
| Please turn over - this form has 2 pages with four total sections   |  |   |       |                             |  |

# ASTHMA ACTION PLAN AND MEDICATION ADMINISTRATION AUTHORIZATION FORM

## for Youth Camps in Maryland

Maryland Department of Health (MDH)  
Office of Healthy Homes and Communities  
(410) 767-8417 or 1-877-463-3464 ext. 78417

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Please complete this form if the child has an inhaler or other asthma-related medication

|  |                   |                            |   |
|--|-------------------|----------------------------|---|
| CHILD'S NAME (First Middle Last)   |                   | DATE OF BIRTH (mm/dd/yyyy) |   |
| <b>Section II. PRESCRIBER'S AUTHORIZATION</b>  |                   |                            |   |
| This space may be used for the Prescriber's Address Stamp  |                   |                            |   |
| 8. PRESCRIBER'S NAME/TITLE   |                   |                            |   |
| TELEPHONE  | FAX               |                            |   |
| ADDRESS  |                   |                            |   |
| CITY   | STATE             | ZIP CODE                   |   |
| 9a. PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here)  |                   | 9b. DATE (mm/dd/yyyy)      |   |
| (original signature or signature stamp only)   |                   |                            |   |
| <b>Section III. PARENT/GUARDIAN AUTHORIZATION</b>  |                   |                            |   |
| I request the authorized youth camp operator, staff member or volunteer to administer the medication or to supervise the camper in self-administration as prescribed by the above authorized prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period an authorized individual must pick up the medication; otherwise, it will be discarded. I authorize camp personnel and the authorized prescriber indicated on this form to communicate in compliance with HIPAA |                   |                            |   |
| 10a. PARENT/GUARDIAN SIGNATURE   |                   | 10b. DATE (mm/dd/yyyy)     | 10c. INDIVIDUALS AUTHORIZED TO PICK UP MEDICATION |
| 10d. HOME PHONE #  | 10e. CELL PHONE # | 10f. WORK PHONE #          |   |
| <b>Section IV. AUTHORIZATION FOR SELF-ADMINISTRATION / SELF-CARRY (OPTIONAL)</b>   |                   |                            |   |
| THIS SECTION SHOULD ONLY BE COMPLETED IF ANY MEDICATIONS IN THE ASTHMA ACTION PLAN ABOVE ARE APPROVED FOR SELF-ADMINISTRATION. Self-carry is only permitted for emergency medications such as inhalers and epinephrine. Both the prescriber and the parent/guardian must consent to self-administration below. However, youth camp operators are not required to permit self-administration or self-carry.   |                   |                            |   |
| I authorize self-administration of all of the medications listed in <i>Section I: Asthma Action Plan</i> above that are checked as "OK to self-administer" or "OK to self-administer and self-carry" for the child named above under the supervision of the youth camp operator, a designated staff member or volunteer. If indicated in <i>Section I: Asthma Action Plan</i> , the child named above may self-carry emergency medications checked as "OK to self-administer and self-carry."  |                   |                            |   |
| 11a. PRESCRIBER'S SIGNATURE FOR SELF-ADMINISTRATION/SELF-CARRY   |                   | 11b. DATE (mm/dd/yyyy)     |   |
| 12a. PARENT/GUARDIAN'S SIGNATURE FOR SELF-ADMINISTRATION/SELF-CARRY  |                   | 12b. DATE (mm/dd/yyyy)     |   |
| <b>Section V. CAMP MEDICAL STAFF USE ONLY</b>  |                   |                            |   |
| Camp Medical Staff Notes:  |                   |                            |   |
| Reviewed by:   |                   | DATE (mm/dd/yyyy)          |   |