

# All Camp Programs Application

14785 Bushy Park Road \* Woodbine, Maryland 21797 \* 410-489-5203

[www.glenwoodcountrydayschool.com](http://www.glenwoodcountrydayschool.com)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

## Address

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

## Parent to be called if camper is sick or injured: (number order in which to call)

Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Guardianship: Who will camper reside with during the summer?

Both Parents  Mother (*separate household*)  Father (*separate household*)  Other

## Emergency and Health Information (The Health Department

requires the following information for all children to attend camp)

### Adult to assume responsibility in case parents can not be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Physicians Name \_\_\_\_\_ Phone \_\_\_\_\_

Are there any special needs that require special attention? \_\_\_\_\_

Existing Health Conditions YES (explain) NO \_\_\_\_\_

Allergies : \_\_\_\_\_

Medications: \_\_\_\_\_

Date: \_\_\_\_\_

Attach a record of recent immunizations \_\_\_\_\_

**Parent/Guardian Authorization:** A parent/guardian signature must be on file granting permission for emergency treatment should the camper require it. I hereby state that my child is in good health and able to participate in all summer program activities. I hereby give consent for first aid to be administered to my child in the event of a serious illness or injury. In case of an emergency that requires immediate attention, I understand that my child will be taken to the nearest hospital emergency room. I understand that all attempts will be made to contact a parent prior to transportation. I will be responsible for the payment of the bills.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
(Date)