

All Camp Programs Application

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

www.glenwoodcountrydayschool.com

Last Name _____ First Name _____ Date of Birth _____

Address:

Street _____

City _____ State _____ Zip _____

Home Phone _____

E-mail address _____

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)