



**City of Baltimore  
Stephanie Rawlings - Blake, Mayor  
Department of Recreation and Parks**



**2016 CAMP VARIETY REGISTRATION AND ASSESSMENT FORM**

Put a check next to the camp you are registering for:

- June 20 - July 15, 2016 - Camp Variety for Ages 5 - 12**
- July 18 - July 29, 2016 - Camp Variety Teens for Ages 13 - 17**

**All Applications Must be Received By June 1<sup>st</sup>**  
**Space is limited, so please get your application in early**

Camp Variety and Camp Variety Teens serve children and teens with and without disabilities (inclusive), in the form of a four-week and a separate two-week, summer day camp program that includes crafts, games, swimming, sports, environmental education programs and trips. All of the activities are adapted to the ability levels of the campers who attend. All programs take place at Farring-Baybrook Recreation Center in South Baltimore. Program hours are 9:00 a.m. to 3:00 p.m. This application and assessment form helps our staff to best serve the children who attend our camp.

The person filling out this assessment form must be the parent or legal guardian of the participant. Please take the time to thoroughly and accurately complete this document. All information is confidential.

**Camp Fees**

**Four-Week Session: \$300 (Ages 5-12)**

**Two-Week Session: \$200 (Ages 13-17)**

- Fee includes door-to-door transportation for residents of Baltimore City, meals (breakfast, lunch, & snack), and all field trips. Transportation not available outside of Baltimore City.
- Before/Aftercare is available for an additional \$20 per week (\$80 for four-week session, \$40 for two-week session). If you are using Before/Aftercare, transportation is not provided.
  - Drop off time is 8:00 a.m. or later and pickup time is by 5:00 p.m. **NOTE:** For every 30 minutes past 5 p.m., parents will be charged an additional \$5 late fee. This applies to campers who use the M.T.A. Mobility System also.
- Checks / money orders must be made out to "DIRECTOR OF FINANCE"; personal checks must be pre-printed with your current address.
- All fees must be paid by June 1<sup>st</sup>. If an outside organization is funding your child's fees, please provide a written letter from the organization stating when the fees will be paid.

**All completed assessment forms and payment should be returned to the following address:**

**Therapeutic Recreation Division  
c/o Farring Bay Brook Recreation Center  
4501 Farring Ct.  
Baltimore, Md. 21225**

For questions or additional information, please contact Bob Signor at 410-396-1550 or via e-mail at [Robert.Signor@baltimorecity.gov](mailto:Robert.Signor@baltimorecity.gov).

### General Information

|  |  |
|--|--|
| <b>Name of Camper</b>  |  |
| <b>Date of Birth</b>   | ___ / ___ / ____   |
| <b>Street Address</b>  |  |
| <b>City</b>  |  |
| <b>Zip Code</b>  |  |
| <b>Telephone</b>   |  |
| <b>Age</b>   |  |
| <b>Sex</b>   | <input type="checkbox"/> Male <input type="checkbox"/> Female  |
| <b>Height</b>  | ___ Ft    ____ Inches  |
| <b>Weight</b>  | _____ lbs  |
| <b>Does the camper need any accommodation to participate in this program? If yes, explain.</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Comments:</b>   |
| <b>Does your child require a mobility aid? If yes, what type?</b>                              | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Walker <input type="checkbox"/> Stroller <input type="checkbox"/> Wheelchair <input type="checkbox"/> Electric Wheelchair<br><input type="checkbox"/> Other _____ |

### Medical / Immunization Information

|  |  |
|--|--|
| <b>Physician's Name</b>  |  |
| <b>Physician's Telephone</b>   |  |
| <b>Medical Insurance</b><br>(Medical Assistance, HMO, etc)   |  |
| <b>Policy Number</b>   |  |
| <b>Has your child been immunized?</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Date of last tetanus shot</b>   |  |
| <b>Date of last physical exam</b>  |  |
| <b>Please list any special medical conditions of the camper and any necessary details about the condition/s [diabetes, seizures (be specific about seizures: type, date of last, medication, duration, warning signs), asthma, allergies, etc.].</b> |  |

|   |   |
|---|---|
| <b>Will the previously listed conditions limit the child's participation? Why?</b>                  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| <b>Does your child have allergies that are specific to food or medications?</b><br>If yes, explain. | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| <b>If yes, please explain.</b>  |   |
| <b>Religious/ Other Objections to Medical Care</b>  | I am the parent/guardian of the child as identified in this application. Because of my bona fide religious beliefs and practices, I object to any immunization or invasive medical treatment being given to my child in the event that emergency care is needed.<br><br>_____ Date<br>Parent/Guardian Signature |

### Means of Communication

|   |  |
|---|--|
| <b>What is the participant's means of communication (speech is clear, gestures, sign language, communication board or computer, nonverbal)?</b> |  |
|---|--|

### Activities of Daily Living

Mark an X in the appropriate response

|  | <b>Independent</b> | <b>Needs Some Assistance</b> | <b>Needs Full Assistance</b> |
|--|--------------------|------------------------------|------------------------------|
| <b>Mobility</b>  |                    |                              |                              |
| <b>Transfers (for participants who use a wheelchair)</b> |                    |                              |                              |
| <b>Eating</b>  |                    |                              |                              |
| <b>Dress / Undress</b>                                   |                    |                              |                              |
| <b>Toileting</b>   |                    |                              |                              |
| <b>Additional Comments</b>                               |                    |                              |                              |

### Safety

Please check Yes or No for the following safety concerns

|   |  |
|---|--|
| <b>Will stay with group/ Will not run away</b>                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Recognizes danger</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>If you answered no to any of the above responses, please briefly explain</b> |  |

## Participant Behavior

Comment briefly on the participant's general behavior and moods (happy, cautious, shy, etc.)

| Does the participant exhibit any of the following behaviors:  |  | If Yes, please explain: |
|---|--|-------------------------|
| Withdrawn / Shy   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |
| Easily Discouraged  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |
| Becomes Overstimulated<br>If yes, what are the causes?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |
| Hyperactive   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |
| Short Attention Span/ Easily Distracted   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |
| Physically harms self, others   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |
| Manipulative  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |
| Uses Hostile Language   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |
| Disobeys Those in Authority   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |
| Exposes Body Improperly   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |
| Engages in Inappropriate Sexual Behavior  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |
| Is there a behavior management plan in place? If yes, please provide details or a copy of the plan.                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |
| Does the participant require a one-on-one in school?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |
| Does the participant have an IEP? If so, please provide a copy. Will be followed as it applies to a recreational context. | <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |
| What are some motivations for the participant?  |  |                         |

## Recreation

|   |  |
|---|--|
| Are there any recreational activities in which participant may need assistance? (cutting, running, swimming, etc) |  |
| Are there any activities the participant particularly likes?  |  |
| Are there any activities the participant particularly dislikes?   |  |
| Does the participant swim or participate in water activities?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|   |  |
|---|--|
| Is the participant required to wear a life jacket to participate in water activities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

### Contact / Additional Information

|  |   |                      |
|--|---|----------------------|
| <b>Primary Caregiver's Name</b>  |   |                      |
| <b>Primary Caregiver's Contact Info</b><br><br><b>Relationship to Participant:</b><br>_____                      | <b>Home Telephone</b>   |                      |
|  | <b>Work Telephone</b>   |                      |
|  | <b>Cellular Telephone</b>   |                      |
|  | <b>E-mail Address</b>   |                      |
| <b>Secondary / Alternate Caregiver's Name</b>  |   |                      |
| <b>Secondary / Alternate Caregiver's Contact Info</b><br><br><b>Relationship to Participant:</b><br>_____        | <b>Home Telephone</b>   |                      |
|  | <b>Work Telephone</b>   |                      |
|  | <b>Cellular Telephone</b>   |                      |
|  | <b>E-mail Address</b>   |                      |
| <b>Emergency Contact #1</b><br><b>Relationship to Participant:</b><br>_____                                      | <b>Name</b>   |                      |
|  | <b>Home Telephone</b>   |                      |
|  | <b>Work Telephone</b>   |                      |
| <b>Emergency Contact #2</b><br><b>Relationship to Participant:</b><br>_____                                      | <b>Name</b>   |                      |
|  | <b>Home Telephone</b>   |                      |
|  | <b>Work Telephone</b>   |                      |
| <b>Please provide the names of two people (other than yourself) who you authorize to pick up the participant</b> | <b>Name</b>   | <b>Relationship</b>  |
|  | 1. _____  | _____                |
|  | 2. _____  | _____                |
| <b>The following person / people CANNOT pick up my child</b>   | <b>Name</b>   | <b>Court Order #</b> |
|  | 1. _____  | _____                |
|  | 2. _____  | _____                |
| <b>My child has permission to go home on his / her own at the close of the program day.</b>                      | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please provide signature: _____ |                      |

**BALTIMORE CITY RECREATION AND PARKS  
THERAPEUTIC RECREATION DIVISION**

**PARTICIPANT CODE OF CONDUCT**

**The participant agrees to conduct himself/herself in a reasonable manner and obey the following rules of conduct.**

- 1.) Dress appropriately for recreational purposes and provide/wear whatever clothing is deemed necessary by the camp staff;
- 2.) Show respect for the rights and property of others;
- 3.) Show respect for the property and facilities of Baltimore City Recreation and Parks and the Therapeutic Recreation Division;
- 4.) Comply with the camp schedule;
- 5.) Will not possess or use any alcohol or drugs during camp unless prescribed by a physician and so noted on the camp application, nor bring to camp any flammable/explosive materials, poisons, weapons, or pets;
- 6.) Take responsibility for personal property (parents should label swim suits and towels). Parents should not allow their child to bring electronic games or other valuable items to camp. The camp is not responsible for the loss of such items;
- 7.) Demonstrate cooperation with, and respect for, camp staff, volunteers, other participants, invited guests and representatives of Baltimore City Recreation and Parks and the Therapeutic Recreation Division;
- 8.) Agree to abide by all local, state and federal laws;
- 9.) Understand and obey the rules and regulations set forth by the camp staff.

**Failure to follow the rules of conduct after counseling and parental intervention will result in the suspension or removal of the participant from the program. Parent will be notified in advance of suspension / removal. Camp fee reimbursement will be prorated for removals.**

**BALTIMORE CITY RECREATION AND PARKS  
THERAPEUTIC RECREATION DIVISION**

**PARTICIPANT AGREEMENT**

A parent or legal guardian must sign this document. The parent or legal guardian, in addition to the participant, is responsible for all information contained in this application.

As a condition to participating in our summer day camp, the participant agrees to the following:

Participant acknowledges that a wide variety of activities will be conducted during the camp, including swimming. Participant realizes that some of the activities may subject him/her to certain stresses and hazards, not all of which can be foreseen. Participant desires and consents to take part in all such activities unless otherwise indicated in writing prior to camp. Participant assumes all risks normally associated with the nature of activities to be conducted and agrees that neither Baltimore City Recreation and Parks, the Therapeutic Recreation Division nor any of its representatives shall be responsible for any damages or injuries resulting to the participant.

The participant has been furnished with a "Code of Conduct" containing rules and regulations that all participants are expected to follow and obey. Participant acknowledges having read the "Code of Conduct." The participant recognizes its need and agrees to comply with all of its requirements.

The participant understands Baltimore City Recreation and Parks and the Therapeutic Division reserve the right to dismiss any person from further participation in camp without refund in the event the camp staff determines that the participant has been guilty of major violation of the "Code of Conduct." Supervision and transportation resulting from the dismissal of such participants are the responsibility of the participant (Parent/Guardian).

The participant releases Baltimore City Recreation and Parks and the Therapeutic Recreation Division and its representatives from all liability for personal injury resulting from failure of the participant or other camp participants to obey safety regulations and direction of camp staff, or resulting from the exercise of judgment by camp staff in response to emergencies that may occur.

Any medical costs incurred on behalf of the participant are the responsibility of the participant's parent or legal court appointed guardian.

The parent/participant understands Baltimore City Recreation and Parks, the Therapeutic Recreation Division and its representatives are not responsible for the loss or damage to the personal property and possessions of the participant.

The participant is liable for any purposeful damage to the property/facilities of the Baltimore City Department of Recreation and Parks, the Therapeutic Division and others resulting from the acts of the participant, either solely or in concert with others.

The participant consents to the use of any photographs taken during the camp, whether for advertising, promotion and/or publicity purposes by Baltimore City Recreation and Parks, the Therapeutic Recreation Division and its representatives unless otherwise indicated in writing prior to camp. Participant waives all claims or compensation for such use.

Participant authorizes the medical personnel selected by the camp staff to order x-rays, tests and treatment for the participant, and in the event the contact person/s cannot be reached in an emergency, the participant authorizes the physician selected by the camp staff to hospitalize, secure proper treatment for and to order injection and / or anesthesia and / or surgery for the participant.

Permission is granted for participants to attend all camp field trips upon notification and/or that are listed on camper's weekly schedule. Parents/Guardians should contact Camp Variety in advance of a scheduled trip if there are concerns about their child attending a Camp Variety sponsored trip.

PARENTS/PARTICIPANT REPRESENTS THAT ALL OF THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT AND BALTIMORE CITY RECREATION AND PARKS, THE THERAPEUTIC RECREATION DIVISION AND ITS REPRESENTATIVES HAVE FULL RIGHT AND AUTHORITY TO RELY ON THE INFORMATION CONTAINED THEREIN. THE PARTICIPANT FURTHER RECOGNIZES BALTIMORE CITY RECREATION AND PARKS, THE THERAPEUTIC RECREATION DIVISION AND ITS REPRESENTATIVES RESERVE THE RIGHT TO REJECT ANY PARTICIPANT IN THE EVENT OF FAILURE OR REFUSAL OF PARTICIPANT TO ACCURATELY COMPLETE AND SIGN ALL OF THE REQUIRED DOCUMENTS.

**Signature of Parent/or Guardian**

**Date**

**RELEASE AND AUTHORIZATION**

I, \_\_\_\_\_ (NAME OF PARENT/LEGAL GUARDIAN OF MINOR PARTICIPANT), DO HEREBY INDEMNIFY, SAVE, DEFEND, HOLD HARMLESS, RELEASE, AND FOREVER DISCHARGE THE MAYOR AND CITY COUNCIL OF BALTIMORE (THE "CITY"), ITS ELECTED/APPOINTED OFFICIALS, ITS MUNICIPAL AGENCIES AND DEPARTMENTS, AGENTS, EMPLOYEES, INSTRUCTORS, AND VOLUNTEERS, FROM ANY AND ALL, PRESENT AND FUTURE LIABILITY, DEMANDS, SUITS, ACTIONS, OR CLAIMS FOR LOSSES, DAMAGES, AND/OR PERSONAL INJURIES, INCLUDING DEATH, SUSTAINED BY \_\_\_\_\_ (NAME OF MINOR PARTICIPANT) (THE "PARTICIPANT") ARISING FROM THE PARTICIPANT'S PARTICIPATION IN THE 2015 CAMP BALTIMORE AND ANY RELATED CITY PROGRAMS, ACTIVITIES, TRIPS, AND EXCURSIONS (THE "CAMP"), REGARDLESS OF WHETHER SUCH CLAIMS, LOSSES, DAMAGES, OR INJURIES RESULT, IN WHOLE OR IN PART, FROM THE NEGLIGENCE OF THE CITY, ITS ELECTED/APPOINTED OFFICIALS, ITS MUNICIPAL AGENCIES AND DEPARTMENTS, AGENTS, EMPLOYEES, INSTRUCTORS, AND VOLUNTEERS. THIS PROVISION SHALL SURVIVE TERMINATION OF THIS RELEASE AND AUTHORIZATION.

I (PARENT/LEGAL GUARDIAN OF THE PARTICIPANT) ACCEPT AND ASSUME FULL RESPONSIBILITY FOR ANY AND ALL INJURIES, DAMAGES (BOTH ECONOMIC AND NON-ECONOMIC), AND LOSSES OF ANY TYPE, WHICH MAY OCCUR TO THE PARTICIPANT, AND I HEREBY FULLY AND FOREVER RELEASE AND DISCHARGE THE CITY, ITS ELECTED/APPOINTED OFFICIALS, ITS MUNICIPAL AGENCIES AND DEPARTMENTS, AGENTS, EMPLOYEES, INSTRUCTORS, AND VOLUNTEERS, FROM ANY AND ALL CLAIMS, DEMANDS, DAMAGES, RIGHTS OF ACTION, OR CAUSES OF ACTION, PRESENT OR FUTURE, WHETHER THE SAME BE KNOWN OR UNKNOWN, ANTICIPATED, OR UNANTICIPATED, RESULTING FROM OR ARISING OUT THE PARTICIPANT'S PARTICIPATION IN THE CAMP.

THE PARTICIPANT AGREES TO COMPLY WITH ALL RULES IMPOSED BY THE CITY REGARDING PARTICIPATION IN THE CAMP. THE PARTICIPANT AGREES TO CONDUCT HIMSELF OR HERSELF IN A CONTROLLED AND REASONABLE MANNER AT ALL TIMES, AND TO REFRAIN FROM USING ANY EQUIPMENT, GEAR, PLAYGROUND, OR OTHER STRUCTURE IN A MANNER INCONSISTENT WITH ITS INTENDED DESIGN AND PURPOSE.

I (PARENT/LEGAL GUARDIAN OF THE PARTICIPANT) UNDERSTAND THAT THERE ARE POTENTIAL DANGERS, HAZARDS, AND RISKS OF SERIOUS INJURY, INCLUDING PERMANENT DISABILITY AND DEATH, ASSOCIATED WITH PARTICIPATING IN THE CAMP, AND WITH SUFFICIENT KNOWLEDGE OF THE PARTICIPANT'S PHYSICAL CONDITION AND LIMITATIONS, IF ANY, I VOLUNTARILY ASSUME ALL RESPONSIBILITY AND RISK OF LOSS, DAMAGE, ILLNESS AND/OR INJURY TO PERSON OR PROPERTY IN ANY WAY ASSOCIATED WITH THE PARTICIPANT'S PARTICIPATION IN THE CAMP.

I (PARENT/LEGAL GUARDIAN OF THE PARTICIPANT) UNDERSTAND AND AGREE THAT THE CITY IS NOT RESPONSIBLE FOR PROPERTY THAT IS LOST, STOLEN, OR DAMAGED WHILE ATTENDING THE CAMP.

I (PARENT/LEGAL GUARDIAN OF THE PARTICIPANT) HEREBY AUTHORIZE CITY PERSONNEL TO TAKE THE PARTICIPANT TO AN EMERGENCY ROOM OF A HOSPITAL SHOULD, FOR ANY REASON, WHILE THE PARTICIPANT IS PARTICIPATING IN THE CAMP, THE PARTICIPANT REQUIRES ANY NECESSARY X-RAY EXAMINATION, ANESTHETIC, MEDICAL OR SURGICAL DIAGNOSIS OR TREATMENT OR HOSPITAL CARE. I FURTHER AUTHORIZE THE HOSPITAL AND ITS MEDICAL STAFF TO ADMINISTER TREATMENT AS DEEMED NECESSARY BY THEM FOR THE PARTICIPANT'S WELL-BEING AND TO REQUEST AND RECEIVE ANY NECESSARY INFORMATION THAT MAY BE PROTECTED HEALTH INFORMATION UNDER THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA).

I (PARENT/LEGAL GUARDIAN OF THE PARTICIPANT) HEREBY AGREE THAT I AM SOLELY LIABLE FOR ALL COSTS OF ANY NECESSARY MEDICAL CARE AND TREATMENT PROVIDED TO THE PARTICIPANT. I HEREBY AFFIRM THAT THE PARTICIPANT HAS CURRENT MEDICAL INSURANCE COVERAGE. I UNDERSTAND THAT THE CITY DOES NOT PROVIDE HEALTH INSURANCE TO PARTICIPANTS.

I (PARENT/LEGAL GUARDIAN OF THE PARTICIPANT) DO HEREBY VOLUNTARILY AND WITHOUT COMPENSATION AUTHORIZE PHOTOGRAPH(S) AND VIDEO RECORDING(S) TO BE TAKEN OF THE PARTICIPANT BY AN AGENT OF THE CITY WHILE THE PARTICIPANT PARTICIPATES IN THE CAMP. I GIVE THE CITY THE RIGHT TO OWN SUCH PHOTOGRAPH(S) AND VIDEO RECORDING(S) AND USE SUCH PHOTOGRAPH(S) AND VIDEO RECORDING(S) FOR ANY AND ALL PURPOSES WITHOUT FURTHER APPROVAL FROM ME. I RELEASE ALL RIGHTS TO SUCH PHOTOGRAPH(S) AND VIDEO RECORDING(S).

I (PARENT/LEGAL GUARDIAN OF THE PARTICIPANT) ESPECIALLY INTEND TO AND SO INCLUDE IN THIS RELEASE AND AUTHORIZATION AND ALL RESPECTS AND IN EVERY MANNER AS SET FORTH ABOVE, ALL OTHER PERSONS LIVING IN MY HOUSEHOLD, INCLUDING MYSELF, WHO MIGHT FROM TIME TO TIME ACCOMPANY THE PARTICIPANT TO THE CAMP, WHETHER THEY ARE RELATED TO THE PARTICIPANT OR NOT.

THIS RELEASE AND AUTHORIZATION SHALL REMAIN VALID AND IN FULL FORCE AND EFFECT FOR ONE (1) YEAR FROM THE DATE IT IS SIGNED BELOW, UNLESS EARLIER REVOKED BY ME IN WRITING.

EACH PROVISION OF THIS RELEASE AND AUTHORIZATION SHALL BE DEEMED TO BE A SEPARATE, SEVERABLE, AND INDEPENDENTLY ENFORCEABLE PROVISION. THE INVALIDITY OR BREACH OF ANY PROVISION SHALL NOT CAUSE THE INVALIDITY OR BREACH OF THE REMAINING PROVISIONS OR OF THE RELEASE AND AUTHORIZATION, WHICH SHALL REMAIN IN FULL FORCE AND EFFECT.

THIS RELEASE AND AUTHORIZATION SHALL BE CONSTRUED ACCORDING TO MARYLAND LAW AND SUBJECT TO THE JURISDICTION OF ITS COURTS. FURTHERMORE, THE PARTIES AGREE THAT ANY SUITS OR ACTIONS BROUGHT BY EITHER PARTY AGAINST THE OTHER SHALL BE FILED IN A COURT OF COMPETENT JURISDICTION IN BALTIMORE CITY.

I (PARENT/LEGAL GUARDIAN OF THE PARTICIPANT) ACKNOWLEDGE THAT I HAVE READ THE FOREGOING RELEASE AND AUTHORIZATION, THAT I UNDERSTAND ITS CONTENTS AND THAT I HAVE SIGNED VOLUNTARILY. I UNDERSTAND THAT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I, MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE CITY, ITS ELECTED/APPOINTED OFFICIALS, ITS MUNICIPAL AGENCIES AND DEPARTMENTS, AGENTS, EMPLOYEES, INSTRUCTORS AND VOLUNTEERS.

\_\_\_\_\_  
SIGNATURE OF PARENT / LEGAL GUARDIAN OF THE PARTICIPANT

\_\_\_\_\_  
DATE

## **2016 CAMP VARIETY MEDICATION FORM**

***THIS PAGE APPLIES TO CHILDREN NEEDING MEDICATION DURING DAY CAMP HOURS***

THE FOLLOWING AUTHORIZATION **MUST BE COMPLETED BY A LICENCED PHYSICIAN**

Dear Physician:

(Participant's name) \_\_\_\_\_ is registering for a Baltimore City Recreation and Park's summer day camp. Please complete the following information for all prescription medications that must be received by the participant during the summer day camp program hours:

**Medication # 1**

|                      |  |
|----------------------|--|
| Condition            |  |
| Medication           |  |
| Dosage / Schedule    |  |
| Special Instructions |  |
| Side Effects         |  |

**Medication # 2**

|                      |  |
|----------------------|--|
| Condition            |  |
| Medication           |  |
| Dosage / Schedule    |  |
| Special Instructions |  |
| Side Effects         |  |

**Medication # 3**

|                      |  |
|----------------------|--|
| Condition            |  |
| Medication           |  |
| Dosage / Schedule    |  |
| Special Instructions |  |
| Side Effects         |  |

Only those medications prescribed and listed by the participant's physician will be administered to the participant. Medications must be in the original pharmaceutical container and labeled with the participant's name, dosage, and schedule.

|                                  |  |
|----------------------------------|--|
| Participant's Name               |  |
| Medical Insurance Name / Company |  |
| Policy Number                    |  |
| Group Number                     |  |
| Medical Assistance Number        |  |
| Physician's Signature            |  |

IF YOU HAVE ANY FURTHER QUESTIONS ABOUT THIS FORM CALL 410-396-1550.

FAX: 410-396-1547 EMAIL: [Robert.Signor@baltimorecity.gov](mailto:Robert.Signor@baltimorecity.gov)

## Summary Sheet

|                       |  |
|-----------------------|--|
| <b>Name of Camper</b> |  |
|-----------------------|--|

|   |  |  |
|---|--|--|
| <b>Does your child require transportation? (only available in Baltimore City)</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, complete the below</b> |  |
| <b>Pick-up Address</b>  | <b>Street Address</b>  |  |
|   | <b>City</b>  |  |
|   | <b>Zip Code</b>  |  |
| <b>Drop-Off Address</b>   | <b>Street Address</b>  |  |
|   | <b>City</b>  |  |
|   | <b>Zip Code</b>  |  |

|   |  |
|---|--|
| <b>Is your child attending Before Care (8 am – 9 am)?</b>                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Is your child attending After Care (3 pm – 5 pm)?</b>                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Please note – no transportation is available if you are utilizing Before or After Care</b> |  |

### Fees

| Type  | Quantity | Price                  | Sub-Total             |
|---|----------|------------------------|-----------------------|
| <b>Camp Fee</b><br><small>(June 20 – July 15)</small>       | 1        | \$300                  | <b>\$300 or \$200</b> |
| <b>Teens Camp Fee</b><br><small>(July 18 – July 29)</small> | 1        | \$200                  |                       |
| <b>Before / After Care Fees</b>                             |          | \$20 per week          |                       |
|   |          | <b>Camp Fee Total:</b> |                       |

**For internal use only**

**Payments**

| <b>Amount</b> | <b>Date</b> | <b>Source</b> | <b>Comments</b> |
|---------------|-------------|---------------|-----------------|
|               |             |               |                 |
|               |             |               |                 |
|               |             |               |                 |
|               |             |               |                 |

**Checklist**

|  |  |
|--|--|
| <b>Completed Application</b>                 |  |
| <b>Full Payment Received</b>                 |  |
| <b>Medical Form Received</b>                 |  |
| <b>Inputted into Participant List Roster</b> |  |
| <b>Assigned to Group</b>                     |  |
|  |  |
|  |  |
|  |  |