



**REBOUNDERS GYMNASTICS SUMMER SESSION**

7-A West Aylesbury Road

Timonium, MD 21093

410-252-3374

**CAMP MEDICAL FORM**

**PLEASE NOTE: The following information must be completed by the camper's parent/guardian.  
NO CHILD WILL BE PERMITTED TO ATTEND CAMP WITHOUT PROPER COMPLETION OF THIS FORM PRIOR TO  
THE START OF THE SESSION!  
(ANY FORMS NOT FULLY COMPLETED WILL BE RETURNED)**

Camper's Name \_\_\_\_\_ Girl \_\_\_ or Boy \_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Parent's Work # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Other \_\_\_\_\_

**EMERGENCY INFORMATION**

Emergency Contact \_\_\_\_\_ Relationship to Camper \_\_\_\_\_ Phone # \_\_\_\_\_  
Physician Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

**MEDICAL INFORMATION**

1. Date of Camper's last Physical Exam \_\_\_\_\_  
2. Medical Insurance Carrier \_\_\_\_\_ Group # \_\_\_\_\_ Policy # \_\_\_\_\_  
3. Insurance Carrier Address \_\_\_\_\_ Phone # \_\_\_\_\_

4. Does the camper have any allergies to medications, food or environment? No \_\_\_\_\_ Yes \_\_\_\_\_ **If yes, please list below:**  
\_\_\_\_\_

5. Does the camper have any medical or physical restrictions? No \_\_\_\_\_ Yes \_\_\_\_\_ **If yes, please specify below:**  
\_\_\_\_\_

6. Does the camper suffer from a chronic illness? No \_\_\_\_\_ Yes \_\_\_\_\_ **If yes, please explain below:**  
\_\_\_\_\_

*\*If medication will be required during camp session, medication must be in the original packaging, with original pharmacy prescribing information. A signed medication information form must be filled out before medication can be administered. (Forms are available at camp check-in.)*

7. Does the camper have any physical, cognitive, language, social, emotional and/or sensory difficulties? No \_\_\_ Yes \_\_\_ **If yes, please explain below:**  
\_\_\_\_\_

**IMMUNIZATION INFORMATION**

1. Does the camper attend a public or private pre-school, elementary or secondary school in Maryland?  
Yes \_\_\_\_\_ Name of School (**required for attendance**) \_\_\_\_\_  
No \_\_\_\_\_ (**If, no, see below**) \*\*\*

2. Has the camper received the proper schedule of immunizations and boosters? Yes \_\_\_\_\_ No \_\_\_\_\_ (**If no, see below**) \*\*\*

3. Date of last tetanus (DTP) immunization: Month \_\_\_\_\_ Year \_\_\_\_\_ (**Required for attendance**)

**\*\*\*If your child does not attend a Maryland school or is exempt from immunizations due to medical contraindications or religious objections, please have the child's physician fill out and sign the MD Department of Health and Mental Hygiene Form 896 (Maryland Immunization Certificate) or a signed doctors immunization schedule. If your child is too young to attend school, is home schooled or attends a school out of state, an immunization form must also be attached**

**IMMUNIZATION INFORMATION AND/OR CERTIFICATION AND TETNUS INFORMATION IS REQUIRED PRIOR TO THE START OF CAMP, OR YOUR CHILD WILL NOT BE PERMITTED TO ATTEND.**

**AUTHORIZATION OF PARTICIPATION:** To the best of my knowledge the above health history is correct and the individual herein described has permission to engage in all camp activities except as noted. I understand that falsification of any health-related information will result in the immediate dismissal of my child from camp.

**AUTHORIZATION OF TREATMENT:** I hereby give my permission to the medical personnel selected by the camp director to order treatment, x-rays, routine test and/or necessary transportation for my child. In the event an authorized individual can not be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure, recommend or administer treatment, including hospitalization for my child, if necessary.

Parent/Guardian Name (print) \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_