

REBOUNDERS GYMNASTICS
7-A West Aylesbury Road; Timonium, MD 21093; 410-252-3374

SPECIAL EVENT MEDICAL FORM

The following information must be completed by the camper's Parent/guardian
NO CHILD WILL BE PERMITTED TO ATTEND KID'S PLAY DAY WITHOUT PROPER COMPLETION OF THIS FORM PRIOR TO THE START
(ANY FORMS NOT FULLY COMPLETED WILL BE RETURNED)

Camper's Name _____ Girl ____ or Boy ____ Date of Birth ____/____/____

Street Address _____ City _____ State _____ Zip _____

Home Phone # _____ 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: _____

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 : _____

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 ____ (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 _____