

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 _____ M F 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:
7. Does the camper have any physical, cognitive, language, social, emotional and/or sensory difficulties? 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.)



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 _____