



# MSA SPORTS CAMPS

## HEALTH & EMERGENCY CONTACT FORM

Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Child:  Male  Female

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mom's Day Phone: \_\_\_\_\_ Dad's Day Phone: \_\_\_\_\_

In case of emergency and a parent is not available, list two emergency contacts: **NOTE: Please remember to notify the persons you have listed as a contact.**

Contact: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Contact: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Child's Health Insurance: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Release Authorization

At the conclusion of the program day, I authorize the following people to pick up my child from the program:

(List your name and any other individuals you authorize who are at least 16 years old.)

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

*I understand that my child will only be released to these individuals, and they may be requested to show identification.*

Signed: \_\_\_\_\_

## Immunization Requirements

All children who attend Montgomery Sports Association camps must have current immunizations that are consistent with State of MD, VA, DC school requirements.

My child is registered at a Maryland licensed school or day care as follows:

*(Note: Attending a licensed public or private school or day care in the state of Maryland verifies immunization.)*

► **Note: A Maryland Immunization Certificate must be attached if you check either of the boxes below.**

My child is not registered in a Maryland licensed school or day care (*i.e., Your child is not yet registered in any school or day care, is home schooled, or attends an out-of-state school*).

My child must be exempted from immunization on medical or religious grounds.

## Health Information Print Name of Child:

Date of Child's last Tetanus shot:

Are there any identified health issues (including but not limited to asthma, diabetes and epilepsy) that may need emergency treatment?  No  Yes (***If yes, provide physician's statement***)

*(Note: For emergency medical treatment, 911 will be called.)*

**An Authorization for Medication form must be Filled out if your child must receive medication during camp hours.**

List medication and dosages:

List all pertinent information regarding any health problem(s) including physical, psychiatric, behavioral, or other problems. Please help us serve your child by being specific.

List your child's allergies:

## Statement of Wellness for Participation and Permission to administer Emergency Treatment:

I, \_\_\_\_\_, do hereby verify that my child to the best of my knowledge is free from contagious disease, is fully immunized, and is able to participate fully in the sports camp programs. In Case of a medical emergency and event that the parent/guardian cannot be reached, I hereby give my permission for emergency treatment to be administered to my child. I understand that camp and organizers do not carry accidental injury insurance on campers and I waive and release the camp organizers, and their employees for any personal injuries, illness, loss, or damage to property. I agree to assume liability for any expenses incurred in such an emergency (transportation, hospitalizations, x-rays, etc.).

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date