



STUDENT EMERGENCY CONTACT INFORMATION – Form due June 1st

ALL INFORMATION REQUIRED Please complete this form and return by June 1st. Thank you!

In the event of an emergency, Camp staff will make every effort to contact the child's parent/guardian(s). If no contact can be made, the following people will be contacted in the order listed. All camps end at 3:00 each day. Students must be picked up by 3:15pm. If you wish to enroll your child in the Extended Day Program, please complete form included in handbook. Students are only released to the following people. Identification may be requested.

Child's Name _____ Age _____

Camp Name _____ Camp Dates _____

EMERGENCY CONTACT #1 - PARENT or LEGAL GUARDIAN

Name _____ Relationship _____

Daytime Phone # _____ Alternate Phone # _____

Email (required): _____

EMERGENCY CONTACT #2 - OTHER THAN PARENT ABOVE

Name _____ Relationship _____

Daytime Phone # _____ Alternate Phone # _____

EMERGENCY CONTACT #3 - OTHER THAN PARENT ABOVE

Name _____ Relationship _____

Daytime Phone # _____ Alternate Phone # _____

CHILD'S PHYSICIAN: _____ Phone: _____

HEALTH INFORMATION – please carefully review our medication policies before completing this section

1) Are there any health problems including physical, psychiatric, or behavioral problems which we need to be aware of?

No Yes (Answering "YES" to this question may require COMPLETION of additional forms found in the Medication Policies & Forms Addendum.)

If YES, please explain: _____

2) Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive?

No Yes (Answering "YES" to this question may require COMPLETION of additional forms found in the Medication Policies & Forms Addendum.)

If YES, please explain: _____

IMMUNIZATION INFORMATION

For campers who reside **within** the United States, a US territory, or the District of Columbia:

1) state/territory in which child resides: _____

2) is this child exempt from any immunizations? No Yes, list them: _____

- OR -

For campers who reside **outside** the United States, a US territory, or the District of Columbia:

1) country in which child resides: _____

2) attach Department of DHMH-896 (record of vaccination of immunity)

OTHER

SUNSCREEN/BUGSPRAY-- Students should apply sunscreen and bug spray PRIOR to arrival at camp. In the event additional applications are needed, my child has permission to self-apply additional sunscreen and/or bug spray? Yes No

SNACKS –Permission to eat a popsicle? Yes No (ingredient list posted at Sign-In table)

Parent/Guardian Signature: _____ Date: _____



AGREEMENT & RELEASE OF LIABILITY STATEMENT

REQUIRED Please complete this form and return by June 1st.

I hereby grant permission for my child(ren) to participate in the Annmarie summer camp program as described, including the activities for which my child(ren) is registered.

I understand that Annmarie may deny enrollment to or dismiss at any time any participant who is considered to be participating inappropriately in the program.

I grant Annmarie permission to use any photographs of my child(ren) taken during the camp for promotional purposes.

Should my child bring a smart devise (cell phone, iPod, iPad, etc) to camp, I understand that Annmarie cannot be held responsible for damage or theft of the devise.

I understand and accept the need for Annmarie to be fully informed as to the physical and mental health of my child(ren). Failure to disclose such essential information at the time of enrollment or upon request of Annmarie may cause for immediate dismissal. Annmarie will respect the confidentiality of such information.

In the event of an emergency requiring immediate medical treatment, I understand that the staff of Annmarie will try to reach me by using the telephone numbers listed on the emergency contact form. In the event that I cannot be reached, I authorize treatment by appropriate medical personnel.

If applicable - In the event that my child should require the use of medication as listed on the submitted **MEDICATION ADMINISTRATION AUTHORIZATION FORM**, while attending an Annmarie camp, I hereby give my full and unqualified permission for Annmarie staff or agents to assist or administer the medication, as the case may be. I understand that there is no nurse or doctor on duty at Annmarie and the Annmarie staff will call 911 and seek medical assistance in such an event. I do hereby fully release or discharge Annmarie, and its officers, agents, volunteers, and employees from any and all claims from injuries, damages, and losses I or my child may have (or accrue to me and my child), and arising out of, connected with, incidental to, or in any way associated with the assisting with administering, or administering the medication.

I am fully aware, understand and acknowledge that my child(ren) will be involved in physical activities, both outside and indoors, during the camp, including but not limited to hiking on nature trails, outdoor games, playground activities, theater activities, gardening, studio arts, and arts and crafts that my child will engage in that may result in physical injury. I understand and acknowledge that these activities have inherent risks associated with them, and I knowingly assume those risks, release and covenant not to sue Annmarie for any liability whatsoever resulting from my child's participation in the activities of the camp.

In consideration of the acceptance of the camper for enrollment in the Annmarie summer camp program, I hereby release and discharge, as well as indemnify and hold harmless, Annmarie Sculpture Garden & Arts Center, the Koenig Private Foundation, Inc., Calvert County Government, Calvert County Commissioners, and Ann's Circle, Inc., (collectively referred to as "Annmarie"), its agents, employees and officers, from all claims, demands, actions, judgments, and executions which the undersigned as parents/guardians of the camper, ever had or now has or may have or claim to have against Annmarie, its successors or assigns, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by, or arising out of the camper's enrollment in the Annmarie summer camp program.

Parent/Guardian Printed Name _____ **Date** _____

Parent/Guardian Signature: _____

Email (required- please print legibly): _____