



Registration

YOUTH ORIOLES CAMP

June 12-23 2017

Fee: \$275

A \$125 non-refundable deposit is required to hold a spot on the list by May 15th.
The remaining \$150 balance is to be paid by June 2nd, 2017

All checks should be made payable to:

**Maryland School for the Deaf
memo: summer camp**

Please mail your payment and completed application to:

Touria Ouahid-Boren

Camp Director

Maryland School for the Deaf
101 Clarke Place PO box 250
Frederick, MD 21705

Or

Drop off the payment and application at Kent McCanner, Room #101

REGISTRATION DEADLINE is June 2, 2017

Child Name: _____ **Grade:** _____ **DOB:** _____

Adult T-Shirt Size S M L Youth T-Shirt Size S M L

Profile: Deaf HOH KODA Sibling of Deaf

Does your child wear Hearing Aids Cochlear implant

Camper Information

All information will be kept confidential.

School District _____

School Attending _____

Does she/he have any learning or physical disabilities? Please explain.

CONTACT INFORMATION

Main Emergency Contact

Parent/Guardian Name:

Last

First

Address:

Street or P.O. Box

Apt. #

City

State/Province

Zip/postal code

Telephone: _____ Voice VP

Email _____ Text _____

Additional Contact Person:

Name: _____ Relationship: _____

Telephone: _____ Voice VP

Email _____ Pager _____

Insurance Information: _____

*** Attach Photo Copy of all Insurance Cards (front and back)***

Medical Release

Camper Name _____

Age _____ Date of Birth _____

Allergies _____

Date of Last Tetanus Shot _____

Any known psychiatric and behavior health problems? _____

Medical Care

1. As the parent/guardian of the camper name above, I understand that I am responsible for immunization and physical examinations for my child, as well as the management of any fees for my child's total health care. I understand that I am responsible for notifying the Maryland School for the Deaf of any aspects of my child's medical history of which the School should be aware of in the event of an emergency (e.g., allergy to penicillin, or contagious illnesses such as pink eye or ringworm, heart conditions, and chronic medical conditions)
2. I give my consent to transport for emergency medical, psychological, or surgical care, if necessary, to be administered to my child by MSD health care providers where appropriate, or by persons or facilities on or off campus, while he/she is enrolled at the camp. I understand that I am responsible for all fees related to emergency medical or surgical care. This authorization does not include the right to authorize any surgical procedures of a non-emergency nature.
3. I give my permission for any medication prescribed to my child during the camp which I bring to the Student Health Center in the original container from the pharmacy, to be administered to my child by a School nurse. I understand that unlabeled medications will not be given. I understand that I must provide a Maryland State School Medication Administration Authorization Form signed by a physician or nurse practitioner and a parent/guardian for each prescribed medication to be given at School. I understand that if this form is not completed, the medication will not be given.
4. I understand that I must keep a weekend of any routine medications at home.
5. I give permission for my child to be administered over the counter medications by the Student Health Center Staff for treatment of minor medical issues as ordered by the Medical Director (e.g., Tylenol for headache, Robitussin for cough, and Chloraseptic for sore throat).
6. **I have read, understood, and consented to the conditions of the Maryland School for the Deaf Medical policy. I understand that this policy shall apply to my child even as amended from time to time.**

Parent/Guardian Signature

Date

MEDICAL HEALTH ALERT

The following camper has been indentified to have a specific health need. The information supplied is to help camp staff to deal with the day to day needs, manage emergency care, and provide a plan of action to follow.

Camper:

Date:

❖ **ALERT FOR SPECIFIC HEALTH NEED:**

Actions necessary by non-medical staff (counselors, teachers, and coaches)

❖ **ALLERGY:** _____, actions necessary by non

medical staff:

IF staff ever has any concerns medically, follow the motto: WHEN IN DOUBT – SEND OUT!!!

Treatment is consistent with MSD medical protocols and policy.

All information is confidential and protected by FERPA and HIPPA

Above information faxed to Director of Summer Camps:

2014,

By:

PART I – HEALTH ASSESSMENT
To be completed by parent or guardian

Student's Name (Last, First, Middle)	Birthdate (Mo. Day Yr.)	Sex (M/F)	Name of School	Grade
Address (Number, Street, City, State, Zip)			Phone No.	
Parent/Guardian Names				
Where do you usually take your child for routine medical care?			Phone No.	
Name:		Address:		
When was the last time your child had a physical exam?			Month	Year
Where do you usually take your child for dental care?			Phone No.	
Name:		Address:		
ASSESSMENT OF STUDENT HEALTH To the best of your knowledge has your child any problem with the following? Please check				
	Yes	No	Comments	
Allergies (Food, Insects, Drugs, Latex)				
Allergies (Seasonal)				
Asthma or Breathing Problems				
Behavior or Emotional Problems				
Birth Defects				
Bleeding Problems				
Cerebral Palsy				
Dental				
Diabetes				
Ear Problems or Deafness				
Eye or Vision Problems				
Head Injury				
Heart Problems				
Hospitalization (When, Where)				
Lead Poisoning/Exposure				
Learning problems/disabilities				
Limits on Physical Activity				
Meningitis				
Prematurity				
Problem with Bladder				
Problem with Bowels				
Problem with Coughing				
Seizures				
Serious Allergic Reactions				
Sickle Cell Disease				
Speech Problems				
Surgery				
Other				
Does your child take any medication? No Yes Name(s) of Medications: _____				
Is your child on any special treatments? (nebulizer, epi-pen, etc.) No Yes Treatment _____				
Does your child require any special procedures? (catheterization, etc.) No Yes				
Parent/Guardian Signature _____			Date: _____	

CAMPER HEALTH HISTORY

Child's Name: _____

The following information is required:

1st Emergency Contact
(Parent or Legal Guardian): _____ Phone: _____

2nd Emergency Contact
(Other than Parent Above): _____ Phone: _____

Child's Physician: _____ Phone: _____

HEALTH INFORMATION:


1. Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? YES NO

YES, 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? YES NO

YES, Explain: _____

IMMUNIZATION INFORMATION:

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

1. Country in which child resides:

2. Attach Department form DHMH-896 (record of vaccination or immunity)

Parent or Legal Guardian's
Signature: _____

Date: _____

MARYLAND 4-H CAMPS Sunscreen Authorization Form Dear Parents:

The Maryland Department of Health and Mental Hygiene has adopted a policy regarding the use of sunscreen at youth camps. In order to operate a camp in the state of Maryland, we must abide by the policy as outlined below. Please read the following regarding use and application of sunscreen at Maryland 4-H Camps. The authorization statement must be completed and submitted along with sunscreen labeled for your camper (one form and bottle per camper) on the first day of camp, at the start of each subsequent week (for long-term day camps), if the brand of sunscreen changes, or if a new bottle is supplied. Please address questions about this policy to your Camp Coordinator. MARYLAND 4-H CAMPS SUNSCREEN POLICY 1. Each Camper's parent/guardian must provide written permission for use and application of sunscreen on their child. 2. Sunscreen containers must be clearly labeled with the Camper's name and must be provided to Camp Staff at camp check-in. This signed authorization form must be submitted along with the sunscreen. 3. Campers should, in most instances, apply the sunscreen on their own. If assistance is needed it will be provided by Camp Staff ONLY if specifically authorized (see below). 4. For Day Camps, Campers need to have sunscreen applied to them by the parent/guardian BEFORE arriving at camp, not when dropping off. MARYLAND 4-H CAMPS SUNSCREEN AUTHORIZATION (Complete and sign appropriate block below)

Camper's Name: _____ Camper's Age: _____
Brand of Sunscreen: _____ SPF: _____ Expiration Date: _____

I give permission for members of the Maryland 4-H Camp Staff to assist in applying sunscreen to my child. I understand that this may require the staff member to touch my child's face, shoulders, back, arms, and lower legs. Sunscreen will be applied in the presence of other staff members. I understand that staff will not apply sunscreen to my child's front torso or upper legs, but will assist and/or direct the child to do so. In the event my child does not bring sunscreen to camp and conditions warrant its use, by my signature below I authorize members of the Maryland 4-H Camp Staff to use camp supplies of sunscreen, and to apply this sunscreen to my child's body as described above.

Parent/Guardian's Printed Name Parent/Guardian's Signature Date

OR

I DO NOT give permission for Maryland 4-H Camp Staff Members to assist in applying sunscreen to my child.

Parent/Guardian's Printed Name Parent/Guardian's Signature Date

University of Maryland Extension programs are open to all and will not discriminate against anyone because of race, age, sex, color, sexual orientation, physical or mental disability, religion, ancestry or national origin, marital status, genetic information, political affiliation, or gender identity and expression. 4/2015

Transportation Authorization

Child's Name _____

_____ YES, I do give permission

_____ NO, I do not give permission

My child may be transported by Youth Orioles Camp to and from Public Swimming Pool. I will be notified with each trip by email or text, to verify permission. I will be asked to fill out an additional permission form for the pool activity off site.

Parent (Print Name) _____

Parent (Signature) _____

Date: _____

OUTDOOR WATER PLAY ACTIVITIES PERMISSION FORM

Please fill out separately one for each child in the family.

My child, _____ has my permission to participate in outdoor water play activities between June 12 and June 23, 2017.

*****Pool activity may be subject to change to weather conditions. *****

Signature of Parent/Guardian

Date

Expectations & Agreements

Personal Loss:

I understand that Maryland School for the Deaf does not cover theft, loss, or damage to my child's personal equipment or property. I understand that Maryland School for the Deaf recommends that I check with my personal insurance coverage to confirm my insurance will cover any loss.

Parent/Guardian Initials _____ Student Initials _____

Damage to Maryland School for the Deaf Property:

I understand that I will be responsible for all costs incurred if my child damages any Maryland School for the Deaf property. I understand that if the damage is serious enough, the local law enforcement will be involved.

Parent/Guardian Initials _____ Student Initials _____

Expectations:

The primary responsibility of MSD staff is to keep participants safe. We expect you to follow the rules to keep all campers safe.

Camp is a group experience; your attitude influences the group. A positive attitude is expected; you don't have to love everything we do, only appreciate that you have done it.

We expect human kindness and appreciation of differences:

I agree to the following:

- I will treat each group member with equal respect and fairness.
- I agree that any disregard for these guidelines, may result in my dismissal from camp.
- I understand that my parent/guardian will be responsible to pick me up immediately if I violate the rules.
- I have read the above agreements with my parent/guardian and agree to abide by them.

There will be no **monetary refunds** for participants who are dismissed for disciplinary reasons. There will be no monetary refunds or reduction in fees for participants who arrive late or leave early. I have read the above agreements with my parents/guardians and agree to abide by them.

Camper Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Behavior Agreement

Camper Code of Conduct

- *Who treat each other with respect*
- *Who value other's rights to have a fun experience at camp*
- *Who are not disrespectful, violent, or mean*
- *Who do not bully, tease, harass or isolate other campers*
- *Who do not use foul language*

In the event that you child fails to meet the above Code of Conduct at any time during the camp session there will be a discussion with the camper and parents or guardians will be contacted. Your child may be sent home and no fund will be given. We are committed to help each and every camper have a fun and rewarding experience.

Camper's Agreement

I have read this Code of Conduct, understand the behavior and consequences, and agree to abide by them.

Camper Signature _____ **Date** _____

Parent's Agreement

I have reviewed this Code of Conduct with my child and agree to support the consequences as outlined. If requested, I agree to pick up my child or make arrangements with another adult to be available in my absence. Name of other adult: _____

Parent/Guardian Signature _____ **Date** _____

Photo Release

Photo Release:

I do do not give Maryland School for the Deaf (MSD) the right to use my child's photograph in all forms of media and in all manners, including composite or other representations, for advertising, trade or other lawful purposes.

Parent/Guardian Signature _____ Date _____