

## Camp Sunnerset Camper Health Form

Child's Name \_\_\_\_\_

Phone \_\_\_\_\_

\*Camp regulations require the following information before a camper can be admitted to day camp.

\_\_\_\_\_  
Date (month and year) of camper's last tetanus (or DTP) shot

\_\_\_\_\_  
Name of camper's elementary school

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Provide a copy of immunizations confirming that the child has received all immunizations as required by the Maryland DHMH Recommended Childhood Immunization Schedule. See [www.EDCP.org](http://www.EDCP.org) (Immunization) for information.

\_\_\_\_\_  
Is the camper exempt from any immunization on medical or Religious grounds? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, please provide a signed copy of Maryland Department of Health and Mental Hygiene Immunization Certificate from either a licensed physician indicating that the immunization is medically contraindicated, or from the parent or guardian indicating that they object to immunizations for religious reasons.*



ADDITIONAL COMMENTS:

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I would like to speak with the Camp Director regarding my child's medical condition and/or special needs.

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please call me at \_\_\_\_\_ (provide best contact phone number) and best contact times \_\_\_\_\_ (AM/PM, days of the week).

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

\_\_\_\_\_  
Date

**REQUIRED FORM**  
**PLEASE COMPLETE AND SIGN!**

**Camp Summerset**  
**Liability Release and Off Campus Permission**

Liability Release

I assume full responsibility for my child's participation in Camp Summerset, and I release Camp Summerset and the Somerset Elementary School, the Somerset Elementary PTA, its directors, instructors, counselors, and counselors-in-training, from all liability connected with my child's participation, including off-campus activities.

The participant consents to Camp Summerset's use of any photographs made during the program.

If my child will be absent or needs to leave an activity early, I will notify the Camp Directors. Neither the instructors nor any of the staff are responsible for campers prior to or after the scheduled program.

I authorize camp officials to administer first aid and/or take my child to a physician or hospital for emergency treatment in the event it appears necessary and neither parent or provided emergency contact can be contacted.

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Signature of Parent/Guardian

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Date