



**CALVERT COUNTY  
DEPARTMENT OF GENERAL SERVICES  
NATURAL RESOURCES DIVISION**

Courthouse, 175 Main Street  
Prince Frederick, Maryland 20678  
410-535-5327

*Board of Commissioners*  
Mike Hart  
Tom Hejl  
Pat Nutter  
Evan K. Slaughenhoupt Jr.  
Steven R. Weems

V. Wilson Freeland, Director  
Karyn Molines, Division Chief

**SUMMER CAMP REGISTRATION FORM**

**You do not need to complete this form when registering on-line.**

**INSTRUCTIONS**

- 1. ONLINE REGISTRATION IS RECOMMENDED. ONLINE REGISTRATION OPENS MARCH 1, 2016 FOR MEMBERS; MARCH 15 FOR NONMEMBERS. MAIL-IN OR WALK IN SUMMER CAMP REGISTRATIONS WILL BE PROCESSED AFTER MARCH 2, 2016 FOR MEMBERS. NONMEMBER REGISTRATIONS WILL BE PROCESSED AFTER MARCH 16, 2016.**
2. Special accommodations are available for most programs with adequate notification.
3. **FOR MAIL IN OR WALK IN REGISTRATIONS.** No credit cards payments by mail or walk in. Make the registration fee check payable to **Calvert Nature Society**. Mail with the required forms to the above address or walk in during business hours to Battle Creek Cypress Swamp, 2880 Grays Road, Prince Frederick.

Parent's Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
Email \_\_\_\_\_

- We are members of the Calvert Nature Society (formerly Battle Creek Nature Education Society).
- Join now (\$30/year for Family membership) and pay the member's fee.** Send a **separate** membership check payable to **Calvert Nature Society** and include it with your registration.

Camp Name	Date	Camper's Name	Grade in Fall 2015	Fee	SUMMER CAMP T-Shirt Size
				<b>Total Registration Fee</b>	

Use additional sheet if needed

**PHOTOS** (IF NEITHER BOX IS SELECTED, PERMISSION IS ASSUMED)

- I hereby grant permission for staff members or volunteers to photograph my child/children participating in programs. I understand these photographs may be used online, for press purposes, in brochures or in newsletters.
- I do not grant permission for staff members or volunteers to photograph my child.

**AGREEMENT**

- I agree to follow all policies governing these programs, which includes payment for all programs.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**OTHER REQUIRED FORMS (if registering on-line, these forms must be submitted prior to start of camp)**

- Medical / Immunization Record (Separate forms required for each camper)**
  - If camper is missing immunization because of medical contradictions or exemption by religious belief, complete the **Immunization Certificate**. *This can be completed and submitted separately.*
  - If any medication required during camp hours, a **Prescription Authorization Form** and **Medication Release Form** must be completed by the Physician. *These can be completed and submitted separately.*
- Waiver and Release. If registering on-line these forms are not necessary. Forms required for walk-in or mail in only**
  - Camp Activity Waiver & Release.
  - Camper Sign Out Policy
  - List of authorized people who can and cannot pick up your child from camp.
  - \* Sunscreen Authorization



V. Wilson Freeland, Director  
Karyn Molines, Division Chief

**CALVERT COUNTY  
DEPARTMENT OF GENERAL SERVICES  
NATURAL RESOURCES DIVISION**

Courthouse, 175 Main Street  
Prince Frederick, Maryland 20678  
410-535-5327

*Board of Commissioners*  
Mike Hart  
Tom Hejl  
Pat Nutter  
Evan K. Slaughenhoupt Jr.  
Steven R. Weems

**MEDICAL / IMMUNIZATION RECORD 'TGS WKTGF 'HQT'GXGT[ 'ECO RGT**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of last tetanus immunization: (Month/Year format) \_\_\_\_\_

Pertinent information on any significant medical problem \_\_\_\_\_

**Primary Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Does the child require prescription medication during summer camp hours? Yes: \_\_\_ No: \_\_\_**

Both the MEDICATION RELEASE FORM and AUTHORIZATION FOR PRESCRIPTION MEDICINE must also be completed.

**Is camper missing any immunization because of medical contraindication or exemption by religious belief? Yes \_\_\_ No \_\_\_**

**Is child enrolled in a Maryland school? Yes \_\_\_ No \_\_\_ If "yes" what is the name of the school?**

If camper is not registered in a Maryland school, you must furnish the Natural Resources Division required records of immunization, contraindication statement from child's physician or exemption by religious belief statement before child can be admitted to the program.

**Parent/Guardian Name:** \_\_\_\_\_

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

**Parent/Guardian Name:** \_\_\_\_\_

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

**Emergency Contact: (Not Listed Above)**

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

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

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

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

*OFFICIAL USE ONLY: (include all camps for the current season)*  
CAMP \_\_\_\_\_ LOCATION \_\_\_\_\_  
CAMP \_\_\_\_\_ LOCATION \_\_\_\_\_  
CAMP \_\_\_\_\_ LOCATION \_\_\_\_\_



V. Wilson Freeland, Director  
Karyn Molines, Division Chief

**CALVERT COUNTY  
DEPARTMENT OF GENERAL SERVICES  
NATURAL RESOURCES DIVISION**

Courthouse, 175 Main Street  
Prince Frederick, Maryland 20678  
410-535-5327

*Board of Commissioners*  
Mike Hart  
Tom Hejl  
Pat Nutter  
Evan K. Slaughenhaupt Jr.  
Steven R. Weems

**REQUIRED FOR EVERY CAMPER**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**WAIVER RELEASE**

I HEREBY GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN ALL ACTIVITIES AND ATTEND ALL TRIPS SPONSORED BY THE CALVERT COUNTY DIVISION OF NATURAL RESOURCES DIVISION. IN CONSIDERATION OF THE DIVISION'S ACCEPTING MY CHILD INTO THIS PROGRAM, I AGREE TO WAIVE AND FOREVER DISCHARGE CALVERT COUNTY, ITS EMPLOYEES AND AGENTS HARMLESS OF & FROM ANY INJURIES SUSTAINED BY MY CHILD WHICH OCCURS WHILE EN ROUTE TO OR FROM OR PARTICIPATING IN ANY ACTIVITY SPONSORED BY THE AFOREMENTIONED PARTIES.

**NOTE:** THIS RELEASE DOES NOT OBLIGATE YOUR CHILD TO ATTEND SCHEDULED TRIPS OR ACTIVITIES.

\_\_\_\_\_  
**SIGNATURE OF PARENT OR GUARDIAN**

\_\_\_\_\_  
**DATE**

-----  
**SIGN OUT RELEASE**

UPON DROPPING OFF AND PICKING UP MY CHILD FROM THE CAMP, I AGREE TO INFORM THE DIRECTOR AND SIGN THE APPROPRIATE FORM, INCLUDING DATE AND TIME I DROPPED OFF AND PICKED UP MY CHILD. IN THE EVENT, I AM UNABLE TO PICK UP MY CHILD, I AGREE TO CALL THE SCHOOL/ CENTER AND INFORM THE DIRECTOR WITH THE NAME OF THE INDIVIDUAL I AUTHORIZE TO PICK UP MY CHILD. I AGREE TO PROVIDE THE NATURAL RESOURCES DIVISION WITH THE NAMES OF INDIVIDUALS I AUTHORIZE TO PICK UP MY CHILD WHEN I AM UNABLE TO DO SO MYSELF. (SEE NAMES LISTED BELOW.) I REALIZE IT IS MY RESPONSIBILITY TO KEEP THIS LIST UPDATED AND ACCURATE.

\_\_\_\_\_  
**SIGNATURE OF PARENT OR GUARDIAN**

\_\_\_\_\_  
**DATE**

-----  
**CHILD'S WALK/RIDE BIKE/SIGN-OUT PERMISSION RELEASE**

I GIVE MY CHILD PERMISSION TO WALK AND/OR RIDE HIS/HER BIKE TO AND FROM THE CAMP SITE AND PERMISSION TO SIGN HIM/HER SELF IN AND OUT OF CAMP EACH DAY.

**NOTE:** CALVERT COUNTY NATURAL RESOURCES DIVISION CAN NOT BE HELD ACCOUNTABLE ONCE YOUR CHILD HAS SIGNED OUT!

\_\_\_\_\_  
**SIGNATURE OF PARENT OR GUARDIAN**

\_\_\_\_\_  
**DATE**

-----  
**AUTHORIZED PERSONS FOR PICK-UP**

**NAME**

**PHONE NUMBERS**

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

**UNAUTHORIZED PERSONS FOR PICK-UP**

**NAME**

**PHONE NUMBERS**

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |

**Please notify Natural Resources Division Staff of any changes or additions immediately.**

*OFFICIAL USE ONLY: DATE RECEIVED:* \_\_\_\_\_ *STAFF INITIALS:* \_\_\_\_\_



V. Wilson Freeland, Director  
Karyn Molines, Division Chief

**CALVERT COUNTY  
DEPARTMENT OF GENERAL SERVICES  
NATURAL RESOURCES DIVISION**

Courthouse, 175 Main Street  
Prince Frederick, Maryland 20678  
410-535-5327

*Board of Commissioners*  
Mike Hart  
Tom Hejl  
Pat Nutter  
Evan K. Slaughenhaupt Jr.  
Steven R. Weems

**MEDICATION RELEASE WAIVER**  
**REQUIRED FOR EVERY CAMPER**

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

**Does the child require prescription medication during summer camp hours?**

**Yes: \_\_\_\_\_ No: \_\_\_\_\_**

**If YES, parent or guardian complete the following:**

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_  
(Print parent name) (Print campers name)

hereby request that identified members of the camp staff be caretakers of medication and administrators of prescribed medication for the camper named above and as prescribed by my physician.

\_\_\_\_\_  
Physician's Name Physician's Phone Number

I understand that members of the camp staff will be instructed to take any medication from the camper upon arrival at the camp and secure it in a safe location.

I understand that at a prescribed time, a staff member will retrieve the medication and hand it to the camper in the container. The staff member will then watch the camper take the medication.

I understand the Authorization for Prescription Medication Form must be fill out completely and signed by the camper's doctor before the start of camp.

I also understand the staff who administers this medication are medically untrained. I hereby state, without reservation that I will not hold the Calvert County Natural Resources Division, or any of their employees and volunteers liable for any harm or injury which may be incurred by the camper in connection with this medical assistance, or damage/loss of medical equipment.

\_\_\_\_\_  
Signature of Parent/Guardian Date

**OFFICIAL USE ONLY:**  
DATE RECEIVED: \_\_\_\_\_ STAFF INITIALS: \_\_\_\_\_

CAMP \_\_\_\_\_ LOCATION \_\_\_\_\_  
CAMP \_\_\_\_\_ LOCATION \_\_\_\_\_  
CAMP \_\_\_\_\_ LOCATION \_\_\_\_\_



V. Wilson Freeland, Director  
Karyn Molines, Division Chief

**CALVERT COUNTY  
DEPARTMENT OF GENERAL SERVICES  
NATURAL RESOURCES DIVISION**

Courthouse, 175 Main Street  
Prince Frederick, Maryland 20678  
410-535-5327

*Board of Commissioners*  
Mike Hart  
Tom Hejl  
Pat Nutter  
Evan K. Slaughenhaupt Jr.  
Steven R. Weems

**SUNSCREEN AUTHORIZATION FORM**  
**REQUIRED FOR EVERY CAMPER**  
**PARENT/GUARDIAN'S PERMISSION TO PROVIDE**  
**SUNSCREEN TO HIS/HER CHILD**

Name of Child: \_\_\_\_\_

As the parent/guardian of the above child, I recognize that too much exposure to UV rays may increase my child's risk of getting skin cancer someday. Therefore, I give permission for the Calvert County Natural Resources Nature Discovery Camp Staff to apply a sunscreen product that is broad spectrum with SPF 15 or higher to my child, as specified below, when he/she will be playing outside, especially during the months of March through October and between the daily time of 10 a.m. and 4 p.m.

**Please check and initial all applicable information regarding the use of sunscreen for my child and the choice in brand/type:**

- \_\_\_\_\_ I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs, unless indicated otherwise.
- \_\_\_\_\_ For medical or other reasons, please do NOT apply sunscreen to the following areas of my child's body: \_\_\_\_\_
- \_\_\_\_\_ I do not know of any allergies my child has to sunscreen.
- \_\_\_\_\_ Staff may provide the sunscreen of the program's choice following the directions and recommendations printed on the product container.
- \_\_\_\_\_ Staff may apply sunscreen I provide on my child. Please use the following brand(s)/type(s) of sunscreen, which I have provided: \_\_\_\_\_
- \_\_\_\_\_ My child is allergic to some sunscreens. Please use ONLY the following brand(s)/type(s) of sunscreen, which I have provided: \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_

Health Care Provider's Signature (optional): \_\_\_\_\_

**NOTE: DO NOT RELY ON SUNSCREEN ALONE TO PROTECT CHILDREN FROM SKIN CANCER!**

*OFFICIAL USE ONLY:*

DATE RECEIVED: \_\_\_\_\_ STAFF INITIALS: \_\_\_\_\_

CAMP _____	LOCATION _____
CAMP _____	LOCATION _____
CAMP _____	LOCATION _____



**CALVERT COUNTY  
DEPARTMENT OF GENERAL SERVICES  
NATURAL RESOURCES DIVISION**

Courthouse, 175 Main Street  
Prince Frederick, Maryland 20678  
410-535-5327

V. Wilson Freeland, Director  
Karyn Molines, Division Chief

*Board of Commissioners*  
Mike Hart  
Tom Hejl  
Pat Nutter  
Evan K. Slaughenhaupt Jr.  
Steven R. Weems

**AUTHORIZATION FOR PRESCRIPTION MEDICATION**

**Does the child require prescription medication during summer camp hours? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If YES, child's physician *MUST* complete the following:**

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

a.) Condition: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage / Schedule: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Side Effects / Toxic Effects: \_\_\_\_\_

b.) Condition: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage / Schedule: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Side Effects / Toxic Effects: \_\_\_\_\_

**Only those medications prescribed and listed by the physician will be accepted. Medications must be in the original pharmaceutical container and labeled with the camper's name, name of medication, dosage, schedule, prescription number, date filled and prescribing physician's name.**

**Date of Order:** \_\_\_\_\_ **Duration of Order:** \_\_\_\_\_

*(If duration is less than current camp program, renewal of order may be necessary.)*

**I hereby authorize the camp staff to dispense these medications as prescribed.**

\_\_\_\_\_  
Printed Name of Physician

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

**OFFICIAL USE ONLY:**

**DATE RECEIVED:** \_\_\_\_\_ **STAFF INITIALS:** \_\_\_\_\_

**CAMP** \_\_\_\_\_ **LOCATION** \_\_\_\_\_

**CAMP** \_\_\_\_\_ **LOCATION** \_\_\_\_\_

**CAMP** \_\_\_\_\_ **LOCATION** \_\_\_\_\_







## How To Use This Form

The medical provider that gave the vaccinations may record the dates (using month/day/year) directly on this form (check marks are not acceptable) and certify them by signing the signature section. Combination vaccines should be listed individually, by each component of the vaccine. A different medical provider, local health department official, school official, or child care provider may transcribe onto this form and certify vaccination dates from any other record which has the authentication of a medical provider, health department, school, or child care service.

**Only a medical provider, local health department official, school official, or child care provider may sign ‘Record of Immunization’ section of this form. This form may not be altered, changed, or modified in any way.**

### Notes:

1. When immunization records have been lost or destroyed, vaccination dates may be reconstructed for all vaccines except **varicella, measles, mumps, or rubella**.
2. Reconstructed dates for all vaccines must be reviewed and approved by a medical provider or local health department no later than 20 calendar days following the date the student was temporarily admitted or retained.
3. Blood test results are NOT acceptable evidence of immunity against diphtheria, tetanus, or pertussis (DTP/DTaP/Tdap/DT/Td).
4. Blood test verification of immunity is acceptable in lieu of polio, measles, mumps, rubella, hepatitis B, or varicella vaccination dates, but **revaccination may be more expedient**.
5. History of disease is NOT acceptable in lieu of any of the required immunizations, except varicella.

## Immunization Requirements

The following excerpt from the DHMH Code of Maryland Regulations (COMAR) 10.06.04.03 applies to schools:

“A preschool or school principal or other person in charge of a preschool or school, public or private, may not knowingly admit a student to or retain a student in a:

- (1) Preschool program unless the student's parent or guardian has furnished evidence of age appropriate immunity against Haemophilus influenzae, type b, and pneumococcal disease;
- (2) Preschool program or kindergarten through the second grade of school unless the student's parent or guardian has furnished evidence of age-appropriate immunity against pertussis; and
- (3) Preschool program or kindergarten through the 12th grade unless the student's parent or guardian has furnished evidence of age-appropriate immunity against: (a) Tetanus; (b) Diphtheria; (c) Poliomyelitis; (d) Measles (rubeola); (e) Mumps; (f) Rubella; (g) Hepatitis B; (h) Varicella; (i) Meningitis; and (j) Tetanus-diphtheria-acellular pertussis acquired through a Tetanus-diphtheria-acellular pertussis (Tdap) vaccine.”

Please refer to the “**Minimum Vaccine Requirements for Children Enrolled in Pre-school Programs and in Schools**” to determine age-appropriate immunity for preschool through grade 12 enrollees. The minimum vaccine requirements and DHMH COMAR 10.06.04.03 are available at [www.dhmh.maryland.gov](http://www.dhmh.maryland.gov). (Choose Immunization in the A-Z Index)

Age-appropriate immunization requirements for licensed childcare centers and family day care homes are based on the Department of Human Resources COMAR 13A.15.03.02 and COMAR 13A.16.03.04 G & H and the “**Age-Appropriate Immunizations Requirements for Children Enrolled in Child Care Programs**” guideline chart are available at [www.dhmh.maryland.gov](http://www.dhmh.maryland.gov). (Choose Immunization in the A-Z Index)