

CHILDREN'S BIBLE MINISTRY OF MARYLAND, INC.

E-Mail: cbmofmd@aol.com Web Site: www.cbmmmd.org

CAMPER REGISTRATION/MEDICAL FORM MUST BE COMPLETED*



RETURN TO:
CBM of Maryland, Inc.
6394 Forrest Avenue
Elkridge MD 21075

Have you attended day camp or overnight camp before? _____

Are you doing any Mailbox Club lessons? _____

Parent's name _____

Address _____

City _____ State _____

Zip _____ Home Phone _____ Work Phone _____

Cell phone _____ Pager _____

Cabin mate (choose one only) _____

*Include \$50.00
registration fee
(nonrefundable)

***Camp fee includes T-shirt, Craft and all activities. Rules for acceptance and participation in the camp are the same for everyone without regard to race, color or national origin.**

***COMPLETELY FILL OUT MEDICAL REPORT BELOW OR CAMPER WILL NOT BE ACCEPTED (WRITE "NONE" IF NECESSARY)**

CAMPER'S FULL NAME _____ sex M _____ F _____

Birth date ____/____/____ Age _____ Height _____ Weight _____

In case of Emergency, a Second Contact _____ at# _____

Or Contact _____ at# _____

Do you have Medical insurance? _____ yes _____ no

Insurance Co. name _____ policy# _____

Health history: (check and give dates for all that apply)

_____ Frequent ear infections _____ Convulsions(last date) _____ Asthma _____

_____ Heart defect/disease _____ Diabetes

List any other medical, psychological, behavioral conditions, dietary restrictions or special needs. _____

Date of last Tetanus booster (or DTP) _____ (must be filled in)

Allergies? (check one) _____ No known allergies

_____ Yes, List

What type reaction? _____

Operations or serious injuries (dates) _____

Any specific activities to be encouraged or limited by physician's advice? _____

Name of dentist/orthodontist _____ ph.# _____

Name of family doctor _____ ph# _____

Date of last physical exam _____ reason _____

The following must be completed for attendance

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted above. I understand that neither the camp nor the insurance company will be responsible for medical treatment or liability resulting from physical conditions existing prior to my child's coming to camp. EMERGENCY AUTHORIZATION: I hereby give permission to the first aid personnel selected by the camp director to provide standard first aid care and administer over the counter medication, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to order x-rays, routine tests, hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child as named above.

Signature of parent or legal guardian _____ Date _____

MEDICATION PERMISSION SLIP

(Children's Bible Ministries of MD, Inc.)

Please fill out forms for prescription and/or over-the-counter medications you will bring with you.

All medications must be in the original container with instructions.

Must sign this form even if no medications are brought.

CHILD'S NAME: _____

*PLEASE FILL OUT EACH MEDICATION SEPERATELY
(Complete both sides and returned with registration form.)*

PRESCRIPTION MEDICINE

Name of Medication: _____

Dosage: _____

Time Administered: _____

Frequency: _____

Name of Medication: _____

Dosage: _____

Time Administered: _____

Frequency: _____

Name of Medication: _____

Dosage: _____

Time Administered: _____

Frequency: _____

Due to Maryland Health Department Regulations all medications (for example: Tylenol, ear drops, cough medicine, sunscreen) must have a signed medical form containing the child's name, age, address, name of medication, strength of medication, dosage, frequency of dosage and indications of dosage.

Each child must have his or her own medications.

Should sunscreen be indicated for your child how would you like it to be applied? Please check appropriate

box. Nurse apply.

Child apply to self.

SIGNED: _____ Date: _____

Parent or Legal Guardian

CAMPER IMMUNIZATION INFORMATION

All campers must be current on all immunizations, see www.EDCP.org (Immunization).

1. Provide a copy of immunizations confirming that the camper has received all immunizations as required by the Maryland DHMH Recommended Childhood Immunization Schedule. See www.EDCP.org (Immunization) for information.

2. Is the camper exempt from any immunization on medical or religious grounds?

YES, 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 the parent or guardian indicating that they object to immunizations for religious reasons.

NO

STATE OF MARYLAND HARFORD COUNTY

CAMP HIDDEN VALLEY AND CHILDREN'S BIBLE MINISTRIES OF MD., INC.

HOLD HARMLESS AGREEMENT

I, _____, as the parent or guardian for
(Parent's Name)

_____, a minor child who is in my care and
(Child's Name)

custody, do hereby grant my permission for my child to attend a program or event at Camp Hidden Valley.

I fully understand the nature of camping and recreational activities associated with the use of the camp facilities and/or programs includes an inherent risk of danger, which may result in personal injury or harm to my child. I understand that my child will be under adult supervision at all times but, notwithstanding any level or degree of supervision, that accidents may occur which may result in physical injury or harm to my child. It is with the full understanding of the risks associated with these types of activities that I grant permission for my child to participate in the program to be conducted at Camp Hidden Valley, and I agree to indemnify and hold harmless Camp Hidden Valley and Children's Bible Ministries of Maryland, Inc. , its staff, directors, employees, agents and/or representatives from any claim for any injury or damage which may result from my child's attendance and participation in the program conducted on camp property.

Permission is granted for my child to participate and I understand that by signing this form I am voluntarily and knowingly accepting responsibility for my child's participation in the activity or program to be conducted at Camp Hidden Valley. I also grant permission for pictures and images of my child to be taken while participating in activities and used for CHV and/or CBM promotional purposes.

Dated this _____ day _____, 20 _____.

Parent's Signature: _____