

Camp Oasis – Emergency Contact & Health History Form

Camp Address: 5355 Phelps Luck Drive Dr., Columbia, MD 21045 ~ Admin Address: 8775 Cloudleap Ct, Columbia, MD 21045

Child's Name: _____

Current residence: _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact Person
Parent or Legal Guardian: _____ Phone: _____

2nd Emergency Contact Person
Other than Parent Above: _____ Phone: _____

Primary Care Physician or
Other Provider of medical care: _____ Phone: _____

HEALTH INFORMATION:

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

YES, Explain: _____

Are there any medications, dietary restrictions, allergies, or special needs of which we need to be aware if to ensure that your child's camp experience is positive? NO

YES, Explain: _____

IMMUNIZATION INFORMATION: Must list current residence above.

For campers who currently reside within the United States, a United States territory, or the District of Columbia: Does the camper have any immunization exemptions because of a parental or guardian objection or medical contraindication? NO

YES, List: _____

For campers who reside **outside** the United States, a United States territory, or the District of Columbia: Attach record of vaccination or immunity on Department form MDH-896.

I hereby authorize and request the Director of Camp Oasis to secure necessary emergency care and treatment for my child should the need arise. My child is physically able to participate in all activities, including active games. If he/she appears ill, I will keep him/her at home. I have read the camp information and agree to cooperate with all rules and regulations. My child has been seen by a physician within the last year and I authorize my child's school and/or doctor to release his/her medical records to Camp Oasis if necessary. *Please note unless a court order is on file with the camp office, non-custodial parents will be authorized to pick up child on a daily basis and may be notified in case of an emergency, should we be unable to reach the custodial parent.

Parent or Legal Guardian's Signature _____ Date _____
MDH-4768 (12/2017)