



Office Use Only

Date: _____

Sex: _____

Age: ____

Medical Info/Forms ____

**Baltimore City Fire Department
2017 Youth Fire and Life Safety Camp
"Always Mention Prevention"
Hosted by: BCFD, Office of the Fire Marshal
410 E. Lexington Street
Baltimore, Maryland 21201
410-396-5752**

**Please Read!
IMPORTANT**

Please note... All applications must be filled out completely before returning

- Children with any prescription medications, including inhalers that they will bring to camp must give their medication to camp staff as noted in Section 2.F.
- Applications without this paperwork will not be processed. Admission is as space permits on a first come, first served basis. A confirmation letter will be sent to the address provided below.
- Proper swim attire will be required for all participants on Friday, July 28, 2017.

SECTION 1: Child's Information and Contact Information
(Please Print Legibly)

Child's Name (First, Last) _____

Age at time of summer camp: _____ (Ages 8 to 16 years old accepted)

Birth date _____/_____/_____ Male _____ Female _____

Child's T-shirt size (circle one) : S M L XL

Street Mailing Address*: _____

****Confirmation letter & packing list will be mailed to this address.***

City _____ State _____ Zip Code _____

Email: _____

May we **E-MAIL** the confirmation packet? **YES** or **NO**

Custodial Parent/Guardian Name _____

Relationship to Child _____

Best phone number to reach you _____

If not available in an emergency notify: _____ Phone Number _____

Relationship to Child _____

PRINT CHILD'S NAME: _____



SECTION 2: Child's Primary Care Provider and Other Health Information

A. PRIMARY CARE PROVIDER/PHYSICIAN INFORMATION

Information you provide here may be used for contact in case of emergency.

(Please check ONE response below)

_____ My child **DOES NOT** have a Primary Care Provider (PCP)/ Physician at this time.

_____ My child **DOES** have a Primary Care Provider (PCP)/Physician.

Name of PCP/Physician _____ Phone Number _____

B. INSURANCE INFORMATION

Information you provide in this section will only be used for 911 emergencies and to receiving emergency departments.

(Please Check ONE response below and supply information as indicated)

_____ My child **DOES NOT** have health insurance coverage at this time.

_____ My child **DOES** have health insurance coverage as provided below*:

Insurance Provider: _____

Phone Number of Insurance Provider: _____

Policy Holder: _____

Policy Number: _____

Group Number: _____

Effective Date: _____

C. REQUIRED IMMUNIZATIONS

(Please check ONE response below)

_____ My child **DOES NOT** have all the required immunizations for attendance at a public or private school in Maryland.

_____ My child **DOES** have all the required immunizations for attendance at a public or private school in Maryland.

Will your child be bringing an inhaler to camp? _____

Will your child be bringing an Epi-pen to camp? _____

Will your child be bringing any medications to camp? _____

D. CHILD ALLERGIES

(Please check ONE response below and supply information as indicated)

_____ My child DOES NOT have any known allergies.

_____ My child DOES have known allergies as indicated below:

Allergies to food: _____

Reaction: _____

Allergies to medication: _____

Reaction: _____

Allergies to other (please explain): _____

Reaction: _____

PRINT CHILD'S NAME: _____



E. CHILD HEALTH CONDITIONS AND HISTORY

Information you provide in this section will only be used for 911 emergencies and to receiving emergency departments. (Check only those that apply. Explain below for conditions checked.)

My child has/does :

- | | |
|---|---|
| 1. Had any recent injury, illness or infectious disease? (within the last 6 months) _____ | 12. Ever had problems with joints (e.g. knees, ankles, etc.)? _____ |
| 2. Have a chronic or recurring illness/condition? _____ | 13. Have any skin problems (e.g. rash, itching)? _____ |
| 3. Ever been hospitalized? _____ | 14. Have diabetes? _____ |
| 4. Ever had surgery? _____ | 15. Have asthma? (See Asthma form) _____ |
| 5. Ever had a head injury? _____ | 16. Have mononucleosis in the past 12 months? _____ |
| 6. Wear glasses, contacts or other eyewear? _____ | 17. Had problems with diarrhea/constipation? _____ |
| 7. Ever had seizures? _____ | 18. Ever had emotional difficulties for which professional help was sought? _____ |
| 9. Ever had high blood pressure? _____ | |
| 10. Ever been diagnosed with a heart murmur? _____ | |
| 11. Ever had back problems? _____ | |

Please explain any checked answers to 'CHILD HEALTH CONDITIONS AND HISTORY' below:

F. PRESCRIPTION MEDICATIONS

Information you supply in this section will be referred to by BCFD Camp Personnel for medications brought to camp and may also be shared with 911 response personnel and/or receiving hospitals in case of emergency. Note that any prescription medications brought by campers must be held by BCFD Camp Personnel during the camp.

(Please check ONE response below and supply information as indicated)

- _____ My child takes **NO prescription medications** on a routine basis.
_____ My child takes the following prescription medication(s):

Medication #1 name: _____
Medication #1 health condition (why it's being administered): _____

Medication #1 dose: _____
Medication #1 frequency: _____
If Medication #1 is taken as needed, list symptoms: _____

Medication #1 route (how administered): _____
Medication #1 known side effects: _____

Medication #1 other information or instructions: _____



Medication #2 name: _____
Medication #2 health condition (why it's being administered): _____
Medication #2 dose: _____
Medication #2 frequency: _____
If Medication #2 is taken as needed, list symptoms: _____
Medication #2 route (how administered): _____
Medication #2 known side effects: _____
Medication #2 other information or instructions: _____

If other prescription medications are taken, please note the details as described above in an attachment to this application.

G. NON-PRESCRIPTION MEDICATIONS (OVER-THE-COUNTER MEDICATIONS)

I approve my camper to take all of the following medications as needed **EXCEPT** (please circle):
Any meds NOT listed require a doctor's order (Complete Medication Administration Authorization Form)

- | | | |
|--|---|---|
| <input type="checkbox"/> Hydrogen Peroxide | <input type="checkbox"/> Tylenol | <input type="checkbox"/> Throat lozenge |
| <input type="checkbox"/> Antiseptic spray | <input type="checkbox"/> Benadryl | <input type="checkbox"/> Cough drop |
| <input type="checkbox"/> Antibiotic ointment | <input type="checkbox"/> Ibuprofen | |
| <input type="checkbox"/> Hydrocortisone cream | <input type="checkbox"/> Sudafed | |
| <input type="checkbox"/> Calamine lotion | <input type="checkbox"/> Cough suppressant/expectorant | |
| <input type="checkbox"/> Burn gel with lidocaine | <input type="checkbox"/> Antacid (Tums or Pepto-Bismol) | |
| <input type="checkbox"/> Topical muscle rub | <input type="checkbox"/> Emetrol (anti-nausea) | |
| <input type="checkbox"/> Caladryl (anti-itch) | <input type="checkbox"/> Anti-diarrheal | |

H. ADDITIONAL INFORMATION

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health of which the camp should be aware (including learning disabilities).



SECTION 3: SIGNED AUTHORIZATIONS

Each section below requires your signature as parent/guardian in order for your child to participate in the Baltimore City Fire Department (BCFD) Camp.

A. Permission to Participate in BCFD Camp Activities:

During daytime hours of July 24, 2017 to July 28, 2017, I allow my minor child listed in this form to participate in traditional outdoor summer camp activities held at a state park as part of the BCFD Camp program which may include but will not necessarily be limited to swimming, fishing, organized teams activities and sports such as volley ball; viewing educational videos, completing workbooks and other educational tasks; riding in BCFD vehicles as part transportation to and from camp site with a drop-off/pick-up point of Old Town Fire Station at 8 am and 4 pm; and be provided breakfast and lunch, which may include but is not necessarily limited to juice, fruit, cereal, pastry, and sandwiches.

I grant permission for my child to be photographed and/or videoed while [s]he is participating in the BCFD Camp. I understand that any photographs and video may be published or used by BCFD, for promotional publicity, historical purposes, and the like. I further understand that I am relinquishing all legal rights for payment or redress with respect to the publication of any photographs and video.

I am legally authorized to waive and release the Mayor and City Council of Baltimore, as provided herein, on behalf of the below listed minor.

- I KNOW THAT THESE ACTIVITIES MAY BE HAZARDOUS.
- I KNOW THAT THE BELOW LISTED MINOR COULD BE SERIOUSLY INJURED OR EVEN KILLED.
- THE BELOW LISTED MINOR IS PARTICIPATING IN THESE ACTIVITIES VOLUNTARILY AND WITH MY PERMISSION AND CONSENT.
- I ASSUME ALL RISKS TO THE BELOW LISTED MINOR'S PARTICIPATION IN THESE ACTIVITIES AND AM AUTHORIZED TO DO SO.
- THESE RISKS INCLUDE INJURY TO BODY, DEATH, OR INJURY TO PROPERTY AND OTHER RISKS EVEN IF I DO NOT KNOW ABOUT THEM.

As consideration for the Mayor and City Council of Baltimore (City) permitting the below listed minor to participate in these activities, I forever release the City, the State, any City or State affiliated organization, and their respective directors, officers, employees, volunteers, agents, contractors, and representatives (each a "Released Entity") from any and all actions, claims, or demands, damages, causes of action or suits, at law and in equity, that I, my executors, assignees, administrators, heirs, distributees, guardians, next of kin, spouse, and legal or personal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) the below listed minor's participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Released Entity, including but not limited to lack of supervision, or (iii) the condition of the premises where these activities occur, whether or not the below listed minor is then participating in the activities.

I agree to indemnify, save, defend and hold harmless the City from any claims or liabilities of third persons resulting from any direct or indirect action or omission by the below listed minor in connection with his/her participation in the activities.

I agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse, legal representative (or those of the below listed minor) and the below listed minor will not make a claim against, sue, or attach the property of any Released Entity in connection with any of the matters covered by the release above. All the terms of this waiver and release will continue to be in effect past the time the below listed minor reaches age 18.

PRINT CHILD'S NAME: _____



- I HAVE READ THIS AGREEMENT CAREFULLY OR SOMEONE HAS READ IT TO ME.
- I FULLY UNDERSTAND ITS CONTENTS.
- I HAVE HAD TIME TO THINK ABOUT WHAT THIS RELEASE MEANS.
- I KNOW THAT I AM GIVING UP A LEGAL RIGHT.
- I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN THE CITY AND ME.
- I KNOW I HAVE THE RIGHT TO TALK TO AN ATTORNEY BEFORE SIGNING THIS RELEASE.



Signature _____ Date _____
Custodial Parent/Guardian

B. Health Information and Emergency Health Services Authorizations

This health history included in this form is correct and complete to the best of my knowledge. The completed form may be photocopied by BCFD Camp Personnel to bring along to camp activities.

I hereby give permission to the camp to administer the medications as I have indicated in this form, to provide basic first aid, and seek 911 services for any emergency medical condition that requires assessment and treatment at a hospital emergency department. I understand that the health insurance information I supplied in this form will be supplied as needed for emergency services of an ambulance or at the hospital emergency department. I acknowledge that for any ambulance transport or service provided at a hospital emergency department, I will be responsible for payment and BCFD shall not be responsible for any bills.



Signature _____ Date: _____
Custodial Parent/Guardian

Completed applications can be submitted in any format found below:

- Scan and email to BCFD.YFS@baltimorecity.gov
- Mail to BCFD-Public Education at **410 East Lexington Street, Baltimore, Maryland 21201**
- Fax to 443-682-6238

PRINT CHILD'S NAME: _____