**Baltimore City Fire Department**

|  |
| --- |
| **Office Use Only** |
| **Date: \_\_\_\_\_\_\_\_\_\_\_** |
| **Sex: \_\_\_\_\_\_\_\_\_\_** |
| **Age: \_\_** |
| **Medical Info/Forms \_\_\_** |
|

**2019 Youth All Hazards Summer Camp**

**"Always Mention Prevention"**

**Hosted by: BCFD, Community Education and Special Events**

**3500 West Northern Parkway**

**Baltimore, Maryland 21215**

**410-396-6068**

* ***Please note... All applications must be filled out completely before returning and emailed to*** **BCFD.cspevents@baltimorecity.gov**
* 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 26, 2019.

Please Read!

IMPORTANT

**SECTION 1: Child’s Information and Contact Information**

 **(Please Print Legibly)**

Child’s Name (First, Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age at time of summer camp: \_\_\_\_\_\_\_\_ (Ages 11 to 14 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 2: Child’s Primary Care Provider and Other Health Information** |  |  |  |
| 1. **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **REQUIRED IMMUNIZATIONS**

**(Please check ONE response below)**

***As a public safety organization, the Baltimore City Fire department takes seriously the health and welfare of our employees, program attendees, and the community at large. As such, BCFD must strictly adhere to the immunization requirements currently required to enter Maryland schools. BCFD follows the Department of Health and Mental Hygiene’s requirements, as set forth in COMAR 10.06.04.03 – Required Immunizations, as guidance regarding required immunizations.***

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

* **PROOF OF IMMUNIZATIONS MUST BE ATTACHED TO THE APPLICATION**

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

* If you DO NOT provide proper documentation of required immunizations, or if your child DOES NOT have the required immunizations, they will NOT be permitted to attend the Summer Camp.

1. **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **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 |  |  | 12. Ever had problems with joints (e.g. knees, |
|  | disease? (within the last 6 months) \_\_\_\_\_ |  |  |  |  | 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? \_\_\_\_ |  |  |  |
| 9. | Ever had high blood pressure? \_\_\_ |  |  | 18. Ever had emotional difficulties for which |
| 10. Ever been diagnosed with a heart murmur?\_\_\_\_ |  |  |  |  | professional help was sought?\_\_\_\_ |
| 11. Ever had back problems?\_\_\_\_ |  |  |  |

Please explain any checked answers to ‘CHILD HEALTH CONDITIONS AND HISTORY’ below: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **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.

1. **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)**

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

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? \_\_\_\_\_\_

1. **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.

1. **Permission to Participate in BCFD Camp Activities:**

During daytime hours of July 22, 2019 to July 26, 2019, 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 3500 West Northern Parkway at 730 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.
* 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 DAMAGE 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, distributes, 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.

* 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.



|  |  |  |
| --- | --- | --- |
| **PLEASE** | **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  **Custodial Parent/Guardian** |  |
|  |  |
|  |   |  |

1. **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: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE Custodial Parent/Guardian**

**Completed applications can be submitted in any format found below:**

* **Scanned and emailed to** **BCFD.cspevents@baltimorecity.gov**
* **Mailed to BCFD-Community Education and Special Events 3500 W. Northern Pky, Balto., Md. 21215**
* **Questions can be directed to CESE at 410-396-6068**