



MONTGOMERY VILLAGE FOUNDATION, INC.

10120 APPLE RIDGE ROAD
MONTGOMERY VILLAGE, MARYLAND 20886-1000

(301) 948-0110 FAX (301) 990-7071 www.montgomeryvillage.com

SUMMER CAMP MEDICAL FORM

Adventure Travel Camp

NAME: _____ NICKNAME: _____ AGE: _____

ADDRESS: _____ ZIP _____ BIRTHDATE: _____

FATHER'S NAME _____ HOME PHONE: _____

PLACE OF EMPLOYMENT: _____ WORK PHONE: _____
CELL PHONE: _____

EMAIL: _____

MOTHER'S NAME: _____ HOME PHONE: _____

PLACE OF EMPLOYMENT: _____ WORK PHONE: _____
CELL PHONE: _____

EMAIL: _____

FAMILY PHYSICIAN: _____ PHONE: _____

SCHOOL: Is your child currently enrolled in a Maryland public or non-public certified school?

_____ Yes _____ No *(If no, you must complete the Maryland Immunization Certificate.)*

Name of School _____

*** IMPORTANT INFORMATION – EMERGENCY CONTACTS ***

Who do you want to be called in case of an emergency? Please note: the staff will call the persons listed below in an emergency situation, so please specify mother, father, other friend/relative in the order you wish that they be called. **(The staff will contact the parents listed above for all non-emergency issues.)**

1st Contact: _____
Name Relationship Phone

2nd Contact: _____
Name Relationship Phone

3rd Contact _____
Name Relationship Phone

4th Contact _____
Name Relationship Phone

(The above people must also be listed on your child's Release Authorization.)

HEALTH HISTORY

Please give details if your child has any of the following:

ALLERGIES: Hay Fever _____ Foods _____
Poison Ivy _____ Drugs _____
Insect Stings _____ Other _____

** Date of last Tetanus booster (*this is part of the DTP*): _____ **THIS MUST BE FILLED IN **

CHRONIC OR RECURRING ILLNESS:

Asthma _____ Diabetes _____ Ear Infections _____ Other: _____

OPERATIONS OR SERIOUS ILLNESS (please explain): _____

PHYSICAL, PSYCHIATRIC, OR BEHAVIORAL PROBLEMS (please explain): _____

Is your child taking any medication? _____

If so, list type(s) _____

Will your child need to take medication while attending camp? _____ MVF Foundation encourages all children taking medications to do so at home prior to coming to camp. Should your child require medication while attending a MVF Camp the following procedure must be followed:

1. A separate medication form must be **completed by physician** and returned to the MVF office. Please call 301-948-0110 to request this form if applicable.
2. This medication form must be signed by the parent or guardian.
3. Directions regarding prescribed medications must be specific and labeled clearly.
4. All medications must be safely secured in their original containers with childproof caps. Prescription medications must have original pharmacy label showing prescription number, date filled, prescribing physician's name, name of medication, directions for taking the medication and the camper's name.
5. Medications must be hand delivered daily to the site supervisors, by the parents with written notification of the time the child required the medication.
6. Our staff will supervise the camper's self administration of the medication as stated on the label. If the camper is unable to self-administer the medication, staff will call 911 in an emergency situation.
7. Medicine may only be administered during camp after one application has been successfully given prior to camp.

Does your child require any assistance to participate in regular camp activities?

Person who is responsible for child after camp:

Name: _____ Phone: _____

Address: _____

CAMP ATTENDING: **Adventure Travel Camp**



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PERMISSION TO PARTICIPATE IN MONTGOMERY VILLAGE FOUNDATION, INC. PROGRAM

I, _____, the parent/guardian of _____, give him/her permission to participate in the following described program to be conducted by Montgomery Village Foundation, Inc., its agents, employees and staff for **Adventure Travel Camp** 2010.

Trips will include: Nature skills hike at Harper's Ferry, Beaver Dam Swimming Club, Maryland Science Center, ESPN Zone at the Inner Harbor, A scavenger hunt and tour through Old Towne Alexandria

PLEASE NOTE: There are times when scheduled field trips must be changed due to circumstances beyond our control. If this occurs and the scheduled trip must be changed or substituted, you will be made aware as soon as possible. We appreciate your understanding in these situations.

This permission includes my consent to the following:

1. He/she may be transported in vehicles operated by or on behalf of Montgomery Village Foundation, Inc. and its personnel.
2. He/she may be administered necessary emergency medical treatment in the event of an accident or injury. Due to Federal regulations, persons involved in a biting incident or injury involving an exchange of bodily fluids may be required to be tested for blood borne pathogens.
3. He/she may take supervised walking trips to other locations in Montgomery Village.

In the event of an emergency the following persons are to be contacted:

NAME PHONE NUMBER

ADDRESS

NAME PHONE NUMBER

ADDRESS

I am aware of the potential risks that may be associated with the above activity. In consideration of _____'s being allowed to participate in this program, for myself and as his/her parent/guardian and on his/her behalf, I hereby release Montgomery Village Foundation, Inc., its agents, employees and staff for any injury or damage which may befall him/her while he/she participates in this program, including all risks connected therewith, whether foreseen or unforeseen, and further I save and hold harmless Montgomery Village Foundation, Inc., its agents, employees and staff from any claim arising out of his/her participation in this program by his/her family, estate, heirs, representatives, or assigns. I understand and agree that Montgomery Village Foundation, Inc., its agents, employees and staff may not be held liable in any way for any occurrence in connection with the above program which may result in injury, death or other damages to him/her, or his/her family, heirs, representative or assigns.

IN WITNESS WHEREOF, I have executed this permission on _____, 2010.

NAME PHONE NUMBER

ADDRESS



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RELEASE AUTHORIZATION

Child's Name: _____

Camp Attending: _____

Address: _____ Zip _____

Home Phone: _____

Mother Work Phone: _____ Father Work Phone: _____

CELL PHONE: _____ CELL PHONE: _____

Montgomery Village Foundation staff has permission to release my child named above to the following people:

Father's Name: _____ Phone: _____

Address: _____

Mother's Name: _____ Phone: _____

Address: _____

List below any other adult who may pick up child - include all adults in your carpool. (List any additional people on back.)

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

MVF staff assumes that you will keep this list current, and that they are fully authorized to release your child to anyone listed until you remove the name from the list.

If an occasional situation arises under which a parent would like their child released to a person who is **not** listed on this release form, the parent **must present written permission to MVF staff at the beginning** of that day's class. Under no circumstance can MVF staff accept verbal permission either in person or by phone, nor may they release the child to ANYONE not named in writing.

I understand that MVF staff may request I.D. be shown if they do not know the individual.

Signature: _____ Date: _____



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MONTGOMERY VILLAGE FOUNDATION SUMMER CAMPS

We believe that appropriate behavior skills from every camp participant are necessary in order to provide a safe and positive atmosphere. Clear guidelines for behavior help participants know what is expected of them and to act accordingly. Please help your child read and understand the following expectations for behavior so that everyone will have an enjoyable summer experience in MVF programs:

Participant's Name: _____

The following expectations for behavior are based on the premise that we should treat others as we would like to be treated:

1. I will listen and not interrupt when others speak.
2. I will follow directions the first time they are given.
3. I will speak respectfully, not using inappropriate language, to staff and other participants.
4. I will be careful with property which is not mine and report any damage immediately.
5. I will keep my hands, feet, and other objects to myself.
6. I will stay with my group or in the program area until a counselor dismisses me.
7. I will not bring anything to camp which might hurt me or someone else - like alcohol, drugs or weapons.

MVF is not responsible for camper's personal items, including cell phones and games. Please do not bring cell phones to camp. If required for parent/guardian communication, they will be kept in the campers bags during camp activities.

Signature of Camper: _____

Signature of Parent: _____

Parent/Guardian signature acknowledges that the above guidelines have been reviewed and understood with the participant named above.

Note: Please return this signed form along with the Release Authorization, Medical Form and Permission Slip.



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SUMMER CAMP REFUND POLICY

Please read and keep on file for your information.

Except in the case of sudden illness, cancellations/requests for refund must be received **in writing and prior to the first day of the camp session** in question, in order to be considered.

Refunds will be made **only** under the following circumstances:

1. Cancellation of a program by the Montgomery Village Foundation.
2. Extended illness (doctor's certificate required).
3. Permanent relocation of participant out of Montgomery Village.
4. Failure to meet camp/class prerequisites.
5. MVF changes made to the meeting time/location, which prohibit participant's attendance.

Refund requests which are based on personal reasons including vacationing will only be granted if MVF is able to fill the requestor's spot in his or her camp with another paying participant. Absolutely no refunds will be granted once half of the program session has been concluded - no exceptions.

Except in the case that MVF cancels or changes the time/location of a program, a \$25 non-refundable deposit included in the registration fee **will be held by MVF** in the event that a refund is granted.

Inter/Intra-Camp Transfers:

Requests from participants to transfer from one MVF camp to another MVF camp or to a different session of the same MVF camp will be accommodated if there are openings available. A \$10 fee will be charged for this service.

For further information, please call 301-948-0110, Monday through Friday from 9:00 a.m. until 4:30 p.m.

ALL CAMP BALANCES AND CAMP FORMS ARE DUE BY MAY 14.