



# 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

**Teen Express** Sessions 1, 2, 3, 4, 5, 6, 7, 8 *(Circle all appropriate sessions)*

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.)**

1<sup>st</sup> Contact: \_\_\_\_\_  
Name Relationship Phone

2<sup>nd</sup> Contact: \_\_\_\_\_  
Name Relationship Phone

3<sup>rd</sup> Contact: \_\_\_\_\_  
Name Relationship Phone

4<sup>th</sup> 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: Teen Express



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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 **Teen Express Week(s) 1, 2, 3, 4, 5, 6, 7, 8**, 2012.

Week 1. Shadowland and Lake Whetstone Boating

Week 2. Tubing on the Potomac

Week 3. Adventure Course

Week 4. Hershey Park

Week 5. Adventure Park at Sandy Springs Friends School

Week 6. Splash Down Water Park

Week 7. Kings Dominion

Week 8. Cascade Lake

**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 \_\_\_\_\_, 2012.

NAME

PHONE NUMBER

ADDRESS



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## RELEASE AUTHORIZATION

Child's Name: \_\_\_\_\_

Camp Attending: \_\_\_\_\_ Session(s) 1 2 3 4 5 6 7 8

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: \_\_\_\_\_

\*\* I give permission for \_\_\_\_\_ to sign himself / herself out of  
Camp Teen Express between 4 p.m. and 6 p.m. **Parent Signature** \_\_\_\_\_

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 18**