

Camper Name: _____

Session: _____

Pre-Camp Health Screening

Dear Camp families,

In an effort to minimize illness at camp we ask that you check on the health of your camper daily beginning 14 days prior to camp. The best camp sessions start with healthy campers and this begins at home. Please bring this completed form to camp on opening day.

Please indicate if your camper has any of the following symptoms prior to camp and record a temperature daily. If any temperature or symptoms are present, please have your camper evaluated by a licensed provider and contact camp for further guidance.

Symptoms (symp):

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle Pain
- Sore throat
- New loss of taste or smell
- Nausea
- Vomiting
- Diarrhea

Please initial

1. My child has not been around anyone with any of the listed symptoms or diagnosis of COVID19 in the 14 days before the start of camp. Initial _____

2. No one in our household has been sick in the 14 days prior to camp. Initial _____

3. My child has not traveled by air or traveled out of state in the 14 days prior to camp. Initial _____

4. My child has adhered to our state's guidelines regarding COVID19. Initial _____

Start date of temperature/symptom screening:

Day:	14	13	12	11	10	9	8
Temp/symp							
Day:	7	6	5	4	3	2	1
Temp/symp							

Our signature indicates that we completed this health screening daily for 14 days prior to camp and to the best of our ability. We understand that arriving to camp healthy is vital to a healthy camp for all campers.

Parent Signature: _____ Date: _____

Camper Signature: _____ Date: _____

created by Eleanor Matthews, RN 2020

YOUTH CAMP HEALTH HISTORY
CAMPER

Child's Name: _____

Current residence: _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact
(Parent or Legal Guardian): _____ Phone: _____

2nd Emergency Contact
(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, and youth camp participation was discussed with the camper's healthcare provider including considerations related to risk of COVID-19

Explain health problems and any considerations: _____

Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of 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.

Parent or Legal Guardian's Signature

Date

MEDICATION ADMINISTRATION AUTHORIZATION FORM for Youth Camps in Maryland

This form must be completed fully in order for youth camp operators and staff members to administer the required medication or for the camper to self-administer medication. A new medication administration form must be completed at the beginning of each camp season, and each time there is a change in dosage or time of administration of a medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Nonprescription medication must be in the original container with the instructions for use. Non prescription medication includes vitamins, homeopathic, and herbal medicines.
- An adult must bring the medication to the camp and give the medication to an adult staff member.

Maryland Department of Health (MDH)
Office of Healthy Homes and Communities
(410) 767-8447 or 1-877-463-3464 ext. 78417
Draft Revision Date: 4/4/2018

Section I: PRESCRIBER'S AUTHORIZATION			
1. CHILD'S NAME (First Middle Last)		2. DATE OF BIRTH (mm/dd/yyyy)	
3. MEDICATION SHALL BE ADMINISTERED during the year in which this form is dated in 7b below unless more restrictive dates are specified in 3a and 3b. This authorization is NOT TO EXCEED 1 YEAR.			
3a. FROM (mm/dd/yyyy)		3b. TO (mm/dd/yyyy)	
Medication Name	Condition Being Treated/PRN Parameters	Dose	Route
1			Frequency
			OK to Self-Administer
			OK to Self-Carry (Emerg Meds Only)
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not emergency med
Emergency/Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Known side effects			
2			
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not emergency med
Emergency/Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Known side effects			
3			
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not emergency med
Emergency/Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Known side effects			
4. PRESCRIBER'S NAME/TITLE			
TELEPHONE		FAX	
ADDRESS			
CITY		STATE	ZIP CODE
5a. PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here)			
<i>(original signature or signature stamp only)</i>			
Section II: PARENT/GUARDIAN AUTHORIZATION			
I request the authorized youth camp operator, staff member or volunteer to administer the medication or to supervise the camper in self-administration as prescribed by the above authorized prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period an authorized individual must pick up the medication; otherwise, it will be discarded. I authorize camp personnel and the authorized prescriber indicated on this form to communicate in compliance with HIPAA.			
6a. PARENT/GUARDIAN SIGNATURE		6b. DATE (mm/dd/yyyy)	6c. INDIVIDUALS AUTHORIZED TO PICK UP MEDICATION
6d. HOME PHONE #		6e. CELL PHONE #	
6f. WORK PHONE #			
Section III: AUTHORIZATION FOR SELF-ADMINISTRATION / SELF-CARRY (OPTIONAL)			
THIS SECTION SHOULD ONLY BE COMPLETED IF ANY MEDICATIONS IN THE ASTHMA ACTION PLAN ABOVE ARE APPROVED FOR SELF-ADMINISTRATION. Self-carry is only permitted for emergency medications such as inhalers and epinephrine. Both the prescriber and the parent/guardian must consent to self-administration below. However, youth camp operators are not required to permit self-administration or self-carry.			
I authorize self-administration of all of the medications listed in Section I above that are checked as "OK to self-administer" or "OK to self-administer and self-carry" for the child named above under the supervision of the youth camp operator, a designated staff member or volunteer. If indicated in Section I, the child named above may self-carry emergency medications checked as "OK to self-administer and self-carry."			
7a. PRESCRIBER'S SIGNATURE		7b. DATE	
FOR SELF-ADMINISTRATION/SELF-CARRY		8a. PARENT/GUARDIAN'S SIGNATURE	
		FOR SELF-ADMINISTRATION/SELF-CARRY	
		8b. DATE	

Member/Camper Name: _____



Release of Liability. Waiver of Claim and Assumption of Risks Agreement June 2020 update

By signing this document you will waive certain legal rights, including the right to sue or claim compensation following an accident, injury, illness or death. Please read carefully. Document must be fully completed and signed to participate.

I acknowledge that directly or indirectly, I am, or in the future will be, participating in activities ("Activities") provided by, or at, The Downtown Sailing Center, Inc. ("The DSC"). I further acknowledge that boating, sailing, and related activities, including the use of docks and facilities, involve certain risks, including the possibility of death or injury to persons and damage, destruction, and/or loss of property.

Adult Participant/Guardian Initials: _____

COVID-19 RELEASE

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life threatening illness and even death. There have been many cases of COVID-19 in Baltimore, Maryland.

The DSC cannot prevent you [or your child(ren)] from becoming exposed to, contracting, or spreading COVID-19 while utilizing The DSC's services or premises. If you choose to utilize The DSC's services and/or enter onto The DSC's premises you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and understand the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my children in order to utilize The DSC's services and enter The DSC's premises. These services are of such value to me [and/or to my children,] that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to utilize The DSC's services and premises.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my [and/or my children's] claims – **including claims for negligence** – against The DSC and its owners, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with, or arising out of, any exposure, infection, and/or spread of COVID-19. I understand that this waiver means I give up my right to bring any claims for personal injuries, death, disease or property losses, or any other loss, and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

REPRESENTATIONS:

I attest that:

- I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
 - I have not traveled internationally within the last 14 days.
- I have not traveled to a highly impacted area within the United States of America in the last 14 days.
- I do not believe I have been exposed to someone with a suspected and/or confirmed case of the COVID-19.
 - I have not been diagnosed with Covid-19 and not yet cleared as non contagious by state or local public health authorities.
 - I am following all CDC recommended guidelines and limiting my exposure to the Coronavirus/COVID-19.

If any of the forgoing changes, I will immediately notify The DSC and cease using and participating in its services and premises until I can truthfully attest to the forgoing.

Adult Participant/Guardian Initials: _____

As lawful consideration for being permitted to participate in these Activities, I agree that I will not make a claim against, sue, attach the property, or prosecute The DSC, the Mayor and City Council of Baltimore, the Baltimore Museum of Industry, the Baltimore City Fire Department Repair Shop, the sponsors of any Activities, or the aforementioned's respective principals, directors, members, officers, agents, employees, volunteers, heirs, assigns and insurance carriers ("Releasees") for death, personal injury or property damages that I may sustain as a result of my participation in the Activities, including COVID-19. This agreement is intended to discharge in advance Releasees from and against any and all liability, asserted by me, my heirs or assigns, including liability for negligent actions, arising out of or connected in any way with my participation in the Activities.

Adult Participant/Guardian Initials: _____

I acknowledge that it is my responsibility to read and obey all posted information and warnings, and to comply promptly with any verbal instructions provided to me by Releasees in connection with the Activities. I affirm that I will not be under the influence of alcohol or illicit substances while participating in the Activities, I further acknowledge that, in connection with the Activities, I will fully indemnify the Releasees for any liability, claim, damage or expense of whatsoever nature caused by, contributed to by, or arising from, the provision or consumption of alcohol or illicit substances by me.

Adult Participant/Guardian Initials: _____

I also give permission for photographs and video to be taken at the event in which my image may be used for promotional and/or advertising purposes by Releasees in any medium, without compensation to me. *Ask Staff for "Photograph and Video Recording Policy" for more information.*

Adult Participant/Guardian Initials: _____

I have carefully read this agreement and understand that it is a legal and binding contract that supersedes any other agreements or representations by or between parties and that it is intended to provide a comprehensive release of liability but is not intended to assert any claim or defenses that are prohibited by law. I hereby further agree that this agreement shall be construed in accordance with the laws of the State of Maryland and that any legal dispute will be brought in the Courts of the State of Maryland. I accept the personal jurisdiction of the courts of the State of Maryland and I waive my right to a jury trial in connection with any such legal dispute. If any portion of this agreement is deemed unenforceable, the remainder shall be given full force and effect. In signing this agreement, I recognize I have done so of my own free will.

For participants of a minority age (under 18 years of age), I hereby certify that I, as parent/guardian with legal responsibility for this participant of minority age, do consent and agree to his/her release of all the Releasees, and, for myself, my heirs, assigns and next of kin, release and agree to indemnify the Releasees from any and all liabilities incident to this participant of minority age's participation in the Activities.

Signed on: _____, 20____ **Phone number (required):**(____)_____

Signature of Participant:_____

Print Name of Participant (print legibly):_____

Signature of Parent/Guardian:_____

(if Participant is under 18 years of age) Print Name of Parent/Guardian:_____

Address:_____ **Zip Code(required):**_____