

# SUMMER AT GOOD COUNSEL

## Medical Waiver Form

*This form MUST be completed and returned to the Camp prior to YOUR participation in the selected camp. YOU WILL NOT BE ADMITTED WITHOUT THIS FORM COMPLETED INT ITS ENTIRETY.*

### Camp Details

Camp Name: \_\_\_\_\_ Camp Date: \_\_\_\_\_

### Camper Details

Campers Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Camper Address: \_\_\_\_\_

### Emergency Contact

#### Contact 1

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

#### Contact 2

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

# Medical Information

## CAMPER IMMUNIZATION INFORMATION

All campers must be current on all immunizations, see [www.EDCP.org](http://www.EDCP.org) (Immunization).

1. Provide date (month and year) of camper's last tetanus (or DTP) shot: \_\_\_\_\_
2. Is the camper currently enrolled in a Maryland school, public or private?
  - YES, therefore a copy of immunizations is **not required** for camp. Provide name of Maryland school: \_\_\_\_\_
  - NO, provide a copy of immunizations confirming that the child has received all immunizations as required by the Maryland DHMH Recommended Childhood Immunization Schedule. See [www.EDCP.org](http://www.EDCP.org) (Immunization) for information.
3. Is the camper exempt from any immunization on medical or religious grounds?
  - YES, provide a signed copy of Maryland Department of Health and Mental Hygiene Immunization Certificate from either a licensed physician indicating that the immunization is medically contraindicated, or the parent or guardian indicating that they object to immunizations for religious reasons.
  - NO

Has the camper had any of the following? (Please check all that apply):

### Medical

- Chicken Pox
- Diabetes
- Measles
- Asthma
- Epilepsy
- Other: \_\_\_\_\_  
\_\_\_\_\_

### Allergies

- Insect Stings
- Penicillin
- Antibiotics
- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any medical conditions that will require special attention? If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

## Insurance Information

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Group Number: \_\_\_\_\_

## Liability Waiver

In signing this waiver of liability, I release Our Lady of Good Counsel, and all other involved parties from any claims or responsibility for injuries suffered during the Summer at Good Counsel Camps. I knowingly assume all risks associated with participation, even if arising from negligence of the participants or others, and assume FULL responsibility for my participation. I certify that I am in good physical condition and can participate in this camp. Further, I authorize the site director to request medical treatment as necessary to insure my well-being.

Athlete Signature: \_\_\_\_\_

Print: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Print: \_\_\_\_\_ Date: \_\_\_\_\_