

East-John Youth Center, Inc.

11835 MILL BRIDGE ROAD LUSBY, MARYLAND 20657

410-326-1150 - PHONE 410-326-2911 - FAX

East-John Youth Center, Incorporated is a 501 (C) (3) Non-Profit Organization

Camper Health History

THE FOLLOWING INFORMATION IS REQUIRED FOR A CAMPER TO BE ADMITTED TO DAY CAMP

Child Name (Print) _____

Camper immunization information:

All campers must be current on all immunizations, see 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, provide name of Maryland school: _____
 - If no, provide a copy of immunizations confirming that the child has received all immunizations as required by the Maryland DMHM Recommended Childhood Immunization Schedule. See www.edcp.org (immunization) for information.
3. Is the camper exempt from any immunization on medical or religious grounds?
 - If 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

____ Parents/Guardians Phone # (1) _____

Phone # (2) _____

____ Emergency Contact Phone # (1) _____

____ Doctor Phone # (1) _____

Health Information: Provide information on any medical conditions, psychological conditions, behavioral conditions, medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive:

Parent/Guardian Signature

Date