Emergency Contact Form

Section A:

7	o Be Completed by Parent/Guardian	n			
		Initials:			
Date form completed:	Revised:	mitidis.			
Child's Name:	Birth Date:	Nickname:			
Home Address:					
City:	State:	Zip:			
Home Phone:	Work/Cell Phone:				
Emergency Contact Name(s):		Relationship:			
Home Phone: Work/Cell Phone:					
Primary Language:	Phone Number(s):	Phone Number(s):			
ection B:	atavian Bonstian				
evere symptoms can cause a <i>Life Thre</i>	atening Reaction.				
 Hives spreading over the body 					
 Wheezing, difficulty swallowing 	g or breathing				
 Swelling of face/neck; tingling of 	or swelling of tongue				
 Vomiting 					
 Signs of shock (extreme palene 	ss/gray color, clammy skin)				
 Loss of consciousness 					
reatment:					
1 Give EniPen or EniPen Ir imme	diately. Place against upper outer th	igh, through clothing if necessary.			
2 CALL 911 (or local emergency r	esponse team) immediately. EpiPen	only lasts 20-30 minutes.			
911 Jamargancy respo	nse team) should always be called i	f EpiPen is given.			
2 Contact reserve or emergency	contact person. If parents unavailabl	e school staff should accompany			
	contact person. If parents unavailable	e, school stall should decompany			
the child to the hospital.					
irections for use of EpiPen:					
 Pull off gray cap. 					
2. Place black tip against upper or	uter thigh.				
3. Press hard into outer thigh, unit					
4. Hold in place 10 seconds, then					
	mergency responder for disposal.				
6. If summtoms don't improve after	er minutes, administer secon	d dose, following steps 1-5 above			
6. If symptoms don't improve after	er minutes, aummister secon	a dose, following steps 2 o and the			
pecial Instructions (for Health Care Pr	actitioner to complete):				
Prescribing Practitioner Signature:	Print Name:	Date:			
arent/Guardian Signature:	Print Name:	Date:			

Rev. 3/15

BALTIMORE COUNTY DEPARTMENT OF RECREATION AND PARKS

HEALTH HISTORY FORM

Child's Name:	d's Name: Birth Date:						
Parent/Guardian Name:				8 ²			
Check the correct answers to the following	questions	. Give a l	orief explanation under COMM	ENTS for any	YES answer.		
Does the child have any of the following?	YES	NO	COMM	MENTS			
a) Vision problem?							
b) Hearing problem?							
c) Speech or language problem?							
d) Physical illness or impairment problem?			2				
e) Mental, emotional or behavioral problem?							
f) Developmental delay?							
g) Allergies?							
h) Other? (If YES, specify)							
i) Health condition which may require care or emergency action? (If YES, specify, e.g. seizures, bee sting allergy, diabetes, etc.)							
j) Does the child have up-to-date immunizations?							
k) Is the child currently taking any medication?							
This child is otherwise in good physical and medisease and may participate fully in all activities. List any areas of the program in which the chineeds? Please explain briefly.	es.			YES ons help to meet	NO his or her		
				11			
	i,		39				
Signature of Parent/Guardian			Date				

(Revised 5/2023) - All previous editions are obsolete.

such circumstances, the parent may also use this form.

	MARYLA	ND DEPA	ARTMEN	T OF HE	ALTH A	ND MENT	TAL HYC	GIENE II	MMU:	NIZATIO	ON CER	TIFICA	ГE
CHIL	D'S NAME_												
			LA	ST			F	TIRST			MI		
SEX:	MALE 🗆	FEMA	LE 🗆		BIRTHDA	TE	/	/		-			
cour	NTY				SCHOOL_					(GRADE_		
PAR	RENT NAM	1E			SCHOOL_		P	HONE NO	D				
	RDIAN ADDI	RESS						CITY	-		ZIF		
			RECO	RD OF I	MMUNI	ZATION	S (See N	otes On	Other	Side)		2	
						Vaccines Ty	/pe					desire sur la company	
Dose #	DTP-DTaP-DT Mo/Day/Yr	Polio Mo/Day/Yr	Hib Mo/Day/Yr	Hep B Mo/Day/Yr	PCV Mo/Day/Yr	Rotavirus Mo/Day/Yr	MCV Mo/Day/Yr	HPV Mo/Day/Yr	Dose #	Hep A Mo/Day/Yr	MMR Mo/Day/Yr	Varicella Mo/Day/Yr	History of Varicella Disease
1									1				Mo/Yr
2									2				
3										Td	Tdap	FLU	Other
4							· ·			Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Y
5										9			
								-					
To the	best of my kno	owledge, th	e vaccines	listed above	e were adm	inistered as	indicated.				linic / Offi		
1										Office Ad	ldress/ Phor	ne Number	
Sign	ature		Title			Date	(Medical provid	der, local					
2	partment official, sch	ool official, or c	hild care provid	er only)									
Sign 3.	ature		Title			Date	E2						
Sign	ature		Title			Date		-					
Lines	2 and 3 are	for certif	ication of	vaccines	given aft	er the ini	tial signa	ture.					
GRO	IPLETE THE AF UNDS. ANY VA DICAL CONTRAI	CCINATION	N(S) THAT H	BELOW IF T	THE CHILD RECEIVED	IS EXEMPT SHOULD BE	FROM VAC	CCINATION ABOVE.	ON M	EDICAL OI	R RELIGIO	US	
Plea	se check the a	ppropriate	e box to de	scribe the	medical co	ntraindica	tion.				*		
This	is a: Perma	nent condit	ion	or 🗆	Tempora	ry conditio	n until	/	/				
The a	above child has	s a valid me	edical contr	aindication	to being va	accinated at	this time.	D Please inc	ate		cine(s) and	the reaso	n for
the c	ontraindication igned:	1,								Data			_
	-8				Medical P	rovider / Ll	HD Officia	1		Date			
I am	IGIOUS OBJ the parent/gua g given to my o	rdian of the	child ident	ified above loes not ap	. Because	of my bona	fide religi	ous beliefs	and p	ractices, I	object to a	nny vaccin	e(s)
Signed: Rev. 2/14 DHMH Form 896						_ Date:		www.db		nov:			

BALTIMORE COUNTY DEPARTMENT OF RECREATION AND PARKS

DISCIPLINE **GUIDELINES AND PROCEDURES**

The following is provided to inform you of examples of inappropriate behaviors and enforced step consequences. It is our intention to work with our program participants and their parents to provide a safe and orderly recreation environment and experience. Proper behavior helps to insure enjoyable participation for all the children.

Examples of Inappropriate Behavior

Hitting or scratching	Tripping	Stealing
Biting	Fighting	Vandalism
Pushing	Throwing objects at another	Acting disrespectful towards or not obeying staff
Pinching	Cursing	Under the influence of drugs and/or alcohol
Hair pulling	Lying	In possession of drugs and/or alcohol
Kicking	Name calling	In possession of guns, knives or any object fashioned to become a weapon.
Slapping	Obscene gestures	Intentional misuse of equipment

CONSEQUENCES

The following steps will be taken when inappropriate behavior is noted:

- 1. The child and staff will discuss the problem.
- 2. The parent will be notified by Program Discipline Report Form.
- 3. The child will be suspended for one day.
- 4. The child will be suspended for the remainder of the program.

THE SEVERITY OF THE INFRACTION, DETERMINES WHICH STEP WILL BE TAKEN.

I, the undersigned, have read and understand the Discipline Guidelines and Procedures.						
Parent/Guardian Signature	Date					
Print Name	n					
Child's Name (Print)						
Copies – 1 Parent						

1 Program