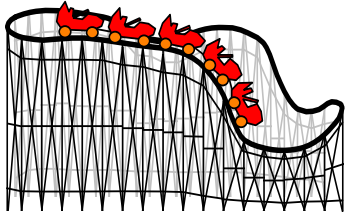


# Calvert County Parks and Recreation



Presents



## Pre-Teen Camp "2010" Information Packet



**VERY IMPORTANT INFORMATION  
PLEASE READ ENTIRE PACKET CAREFULLY**

**PARENT QUESTION/ANSWER PERIOD:**

Parents and guardians may call the Community Centers, Monday-Friday, 9:00 a.m. - 4:00 p.m. to address concerns pertaining to the Camp Program. Staff will be available by appointment to answer questions relating to the structure of the program, disciplinary procedures, camp guidelines, trip procedures, appropriate camp attire, camp payments and personal situations and concerns.

**NORTHERN DISTRICT**

Northeast Comm. Center  
P.O. Box 1360  
Chesapeake Beach, MD  
20732

**(410) 257-2554**

**CENTRAL DISTRICT**

Mt. Hope Comm. Center  
P.O. Box 260  
Sunderland, MD 20689

**(410) 257-6770**

**SOUTHERN DISTRICT**

Southern Comm. Center  
20 Appeal Lane  
Lusby, MD 20657

**(410) 586-1101**

***Maryland Relay for impaired hearing or speech (800) 735-2258***

Summer 2010

Dear Parents/Guardians,

Welcome to the Calvert County Parks and Recreation 2010 Pre-Teen Camp Program. We are happy that you have chosen to participate in our program and look forward to providing your pre-teen with a fun-filled recreational experience.

We have designed this packet to provide you with as much information as possible regarding our registration process, rules, regulations, discipline policy and program guidelines. Please read over all of the enclosed information prior to registration. **The Pre-Teen Camp 2010 Checklist and Medical and Immunization Forms are required to be completed at the time of registration.** Your attention to all of the information will assist us in reaching our common goal, which is a safe, fun and enjoyable summer.

Pre-Teen Camps are open from 9:00 a.m. to 4:00 p.m., June 23 – July 30. Camps will be closed for Independence Day on Monday, July 5. Pre-Teens should not arrive earlier than 9:00 a.m. each day, as supervision will not begin until then, unless he/she is enrolled in the Before Care Program. Pre-Teens must be picked up no later than 4:00 p.m. unless he/she is enrolled in the After Care Program. You are required to sign your child in upon arrival and out upon departure from camp each day. Children who will be walking or riding a bicycle to and from camp, are required to sign themselves in and out each day. In the event your child is not picked up by 4:00 p.m., a \$10.00 late fee will be charged for every 15 minutes late. There are no exceptions to this policy and the fee should be made payable to CCPR.

You must provide all lunches, snacks and drinks for your child. Please be aware that refrigeration is not available at camp locations. Lunches should be packed in a cooler or a lunch bag with an ice pack.

Refunds will only be issued for medical reasons, which prevent continued participation.

If you have any questions or concerns, please contact the Coordinators in your District and they will be happy to assist you. We hope that our program meets your expectations and that you and your pre-teen have a truly Great Summer!

Sincerely,

Doug Meadows, Division Chief

Mary Lou Johnson, Recreation Supervisor

## **PRE-TEEN CAMP RULES AND REGULATIONS**

1. Children must not be dropped off prior to 9:00 a.m.
2. Children must be picked up by 4:00 p.m.
3. No weapons!! (toy guns and “look-alikes” included)
4. No fighting or pushing!
5. No spitting, teasing, name-calling or foul language.
6. No non-prescription drugs, illegal substances, tobacco, or alcohol permitted.
7. Children may not share snacks or lunches.
8. No skateboards, roller skates or roller blades.
9. No bikes! Exception: transportation to camp with proper approval.
10. No fraternization (no kissing or hugging).
11. Cell phones are allowed for emergency purpose.
12. No refunds will be given if a child is suspended on a day of a field trip.
13. Disrespect to staff will not be tolerated.
14. Disruptive children will be dismissed from camp (parent will be called to pick up child.)
15. Continued disruption will result in expulsion.
16. Criminal acts will be dealt with accordingly (i.e. shoplifting, stealing, vandalism/destruction of property, etc.)
17. Staff is not responsible for children’s money or personal belongings. Items such as Gameboys, CD’s/ disc player, etc. are brought at your own risk.
18. Children must eat in designated areas.
19. Children must wear tennis shoes! Exception: May wear flip-flops or sandals when going on water trips. (NO BARE FEET)
20. All Pre-Teen participants must wear their summer camp t-shirts on specified field trips, appropriate clothing on other days and swimsuits on swim days.
21. You must sign your child in upon arrival and out upon departure from camp each day. Exception: unless child has permission from parent or guardian to sign themselves in upon arrival or out upon departure.
22. Trip wristbands must be worn through the duration of the trip. Removal of wristband will be subject to disciplinary procedures. (See Disciplinary Section)
23. Campers will be required to pass a swim test (must be able to swim the width of the pool without stopping and/or touching the bottom). **NO** Back Flips permitted!
24. Please review section on Handling Discipline Problems.

**SERIOUS ACTS OF MISBEHAVIOR=SERIOUS CONSEQUENCES  
DON’T LET THIS HAPPEN TO YOU! THINK BEFORE YOU ACT!!**

# PRE-TEEN CAMP

## HANDLING DISCIPLINE PROBLEMS

Discipline for children may range from a 15-minute time out period to permanent suspension. Parents will be notified of all disciplinary problems and procedures either by phone, onsite conference and/or written notification.

### I. Time Out

Camper will be subject to a 15 - 30 minute time out period and either phone and/or a letter will notify parents. An onsite conference is warranted.

- A. Camper fails to comply with rules, regulations and procedures and has been verbally warned two or more times.
  1. First **Written** Warning: 15-minute time out.
  2. Second **Written** Warning: 30-minute time out.

### II. In Camp Suspension (ICS)

This procedure will allow campers to be disciplined by remaining at the campsite for an extended time out period. During this period, the camper will **not** be allowed to participate in daily activities; however, camper will be placed in a nearby area, and will be given educational activities such as writing, reading, drawing, word search, etc. If ICS falls on a trip day, camper will be assigned to stay with the camp director for the duration of suspension. A parent/child/director/administrative staff conference is warranted.

- A. Camper continues to be defiant of rules, regulations, and procedures, has received three or more 15-30 minute time out periods, and/or has received three or more written warnings. Parents will be notified either by phone and/or a letter. An onsite conference is warranted.
  1. Discipline will range from one hour to a full day of ICS.

*In the event a camper fails to comply with rules, regulations and procedures while placed in ICS, camper will be subject to **Suspension**.  
(See Suspension Section)*

### III. Suspension

Camper will be subject to two or more days of suspension. Parents will be notified by both phone and a follow up letter. Parent/child/director/administrative staff conference is warranted.

- A. Camper **continues** to be defiant of rules, regulations, and procedures and/or has received multiple timeout periods and/or two or more ICS.
  1. First and/or Second Suspension: 2 to 3 days.
  2. Third Suspension: 5 days, with possible permanent suspension, providing outcome of conference.

### IV. Immediate/Permanent Suspension

Camper will be subject to removal from the campsite at once. Parents and/or guardians are required to pick-up the child immediately. An immediate phone call and a follow-up letter will notify parents. Parent/child/director/administrative staff conference is warranted.

- A. Camper displays gross defiance of rules, regulations and procedures. (Fighting, drugs, weapons, and shoplifting/stealing).
  1. Discipline will range from one week to **Permanent Suspension** providing outcome of conference.

**NOTE: If suspension and/or immediate suspension date(s) includes and/or occurs on a trip day, camper will not be allowed to attend, and NO money will be refunded!**

## PRE-TEEN CAMP FIELD TRIP RULES

**Parents, please go over the following rules and information with your Pre-teen.**

### *RULES:*

Pre-teen must follow **ALL** rules and regulations governing trip procedures.

1. Pre-teen must listen to Camp Directors at all times.
2. Answer "**HERE**" and raise hand to roll call (attendance check).
3. Pre-teens should be quiet during attendance check unless name is called.
4. No loud talking or foul language on the bus.
5. No standing or walking while the bus is in motion.
6. No throwing objects on the bus or from the bus windows.
7. Do not place hands out the window.
8. No eating on the bus.
9. Do not leave trash on the bus.
10. Must keep hands to themselves.
11. Must travel in groups of 2 or more and stay with the Camp Directors (the buddy system). Always check for the person you have been assigned to walk with.
12. Trip wristbands must be worn through the duration of the trip. Removal of wristband will result in disciplinary procedures. (See Disciplinary Section)
13. No shoplifting. Shoplifting will result in disciplinary procedures.
14. Pre-teens **must** report **ON** time for check-in and departure. Children should report to Camp Location at 9:00 a.m. on all trip days unless otherwise informed.

### *INFORMATION:*

The danger of child abduction:

- A. Many teens/children are lured away from shopping malls and other places by child abductors.
- B. Child abductors may use tactics such as promising teens/children candy, money, T.V. ads, jobs, etc.
- C. Teens, children and adults may let their guard down when offered money.

## **OTHER IMPORTANT TRIP INFORMATION**

### **TRIP LOCATION PICK-UP:**

In order to pick-up a pre-teen from a trip location, the following procedures are necessary. A written request must be submit to the **Camp Director**, three working days prior to trip day! (See "**FORM**" in packet or pick up from Camp Director). This written request **must** include the following information: current date, pre-teen's name, trip location and date, reason for trip location pick-up, approximate time of pick-up, parent home and work phone numbers, the name of the person(s) who will be picking up the pre-teen, and a parent signature. **NOTE:** Parents **must** see **Camp Director** and an **Area Supervisor** before taking the pre-teen from a trip site.

### **TRIP WRISTBANDS**

Safety **Trip Wristbands** must be worn through the duration of the trip. Wristbands should **NOT** be **REMOVED** until camp directors give permission to remove. Removal of wristbands will only be permitted when campers have returned to camp location. If a wristband comes off by default, camper must immediately ask Camp Director for a replacement. If wristbands are removed intentionally, camper will be subject to an **immediate trip suspension**.

**NOTE:** Pre-teens **must** bring **Paper Bag** lunches on field trips. **No Coolers Please! Disposable Items Only!!** Remember teens will have to carry leftover items with them for the remainder of the trip.

## PRE-TEEN TRIPS AT A GLANCE

### WEEK 1

June 21  
June 22  
June 23  
June 24 Breezy Point  
June 26 NECC

### WEEK 2

June 28 Crofton Skating  
June 29 CB Water Park  
June 30  
July 1 Milford Mills  
July 2

### WEEK 3

July 5 CLOSED  
July 6  
July 7  
July 8 Bowling  
July 9

### WEEK 4

July 12 KLP  
July 13 LOL  
July 14  
July 15 Six Flags  
July 16

### WEEK 5

July 19 Pat Robinson  
July 20  
July 21 Mystics Games  
July 22  
July 23 Calvert Theater

### WEEK 6

July 26 CB Water Park  
July 27  
July 28 Cove Point Pool  
July 29 Dunkirk District Park  
July 30

## TRIP WRISTBANDS

Safety **Trip Wristbands** must be worn through the duration of the trip. Wristbands should **NOT** be **REMOVED** until camp directors give permission to remove. Removal of wristbands will only be permitted when campers have returned to camp location. If a wristband comes off by default, camper must immediately ask Camp Director for a replacement. If wristbands are removed intentionally, camper will be subject to an **immediate trip suspension**.

# SUMMER CAMP LOCATIONS

## NORTHERN DISTRICT: (410) 257-2554

Recreation Coordinator.....Robert Branham  
Assistant Recreation Coordinator.....Paul Lundberg

**Super Summer Camps**  
Windy Hill Elementary School

**Pre-Teen Camps**  
Plum Point Middle School  
Windy Hill Middle School

**Teens on the Move**  
Northeast Community Center

\*\*\*\*\*

## CENTRAL DISTRICT: (410) 257-6770

Recreation Coordinator.....Doris Holland  
Assistant Recreation Coordinator.....Michelle Wood-Stanley

**Cool Kids Tots Camp**  
Mt. Hope Community Center

**Super Summer Camp**  
Plum Point Elementary School

**Cool Kids Camp**  
Mt. Harmony Elementary School

**Teens on the Move**  
Mt. Hope Community Center

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## SOUTHERN DISTRICT: (410) 586-1101

Recreation Coordinator.....Diane Holloway  
Assistant Recreation Coordinator.....Sandy Abell

**Cool Kids Sports Camp**  
St. Leonard Elementary School

**Cool Kids Camps**  
Appeal Elementary School  
Patuxent Elementary School  
Calvert Middle School

**Cool Kids Tots Camp**  
Southern Community Center

# SUMMER CAMP TRIP PICK UP FORM

(MUST BE SUBMITTED NO LATER THAN 3 DAYS PRIOR TO TRIP)

Name of child: \_\_\_\_\_

Camp Location: \_\_\_\_\_

Trip Location: \_\_\_\_\_

Trip Date: \_\_\_\_\_

Approximate Time of Trip: \_\_\_\_\_

Reason for Trip Location Pick Up: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of individual picking up child and phone number:

\_\_\_\_\_

(Print Name)

(Phone Number)

Parent's Home Phone Number: \_\_\_\_\_

Parent's Work Phone Number: \_\_\_\_\_

Parent's Cell Phone Number: \_\_\_\_\_

Printed Name of Parent: \_\_\_\_\_

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

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

# Summer Camp Trips

## Calvert County Parks and Recreation

### Background Screen Consent and Release Form

(Please print clearly)

Applicant's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby release the Calvert County Parks and Recreation Department from any liability resulting from a background screen administered by Southeastern Security Consultants, Inc.

I, \_\_\_\_\_, give consent for Calvert County Parks and Recreation to obtain information regarding myself including a social security verification, address trace, statewide criminal record check, nationwide criminal record check, and sex offender registry record check.

I authorize this information to be obtained either in writing, electronic transmission, or via telephone in connection with my volunteer application. Any person, firm, or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance.

Further, I understand that it is the policy of Calvert County Parks and Recreation that any youth activity volunteer with care, custody or control of children shall submit to a background screen immediately upon application for volunteership and annually thereafter as long as that individual is a registered volunteer.

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

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

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

Organization: \_\_\_\_\_

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

Camp Location: \_\_\_\_\_

Trip Title & Date: \_\_\_\_\_

## Pre-Teen Camp "2010" Checklist

I \_\_\_\_\_ understand that by signing and returning this document that I have carefully and completely read and agree to the following:

- I have read completely and understand the rules and regulations regarding summer camp.
- I have discussed the rules and regulations and explained their ramifications to my child/children who will be attending the camp.
- I understand that all requested medical, immunization, and all related camp information / paperwork **must** be supplied and completed **at the time of registration**.

My child:

- Will not** require prescription medication while attending camp.
- will** require prescription medication while attending camp and,
- I understand that all medical forms will be completed by the start of camp.
- I will follow the Maryland State Certification guidelines regarding prescription medication for my child/children. I understand that certification includes that any prescription sent to camp for my child/children **MUST BE IN THE ORIGINAL CONTAINER FROM THE PHARMACIST and ONLY A SINGLE DAY'S SUPPLY OF MEDICATION IS PERMITTED TO BE SENT TO CAMP DAILY PER CHILD.**
- My child will be dropped off (signed in) and picked up (signed out) by an authorized adult at the appropriate times.
  - Before Care: Between 6:30 a.m. and 9:00 a.m.
  - Camp Only: Between 9:00 a.m. and 4:00 p.m.
  - After Care: Between 4:00 p.m. and 6:30 p.m.

My child:

- Is not allowed to walk or ride a bike to and from camp.
- Is allowed to walk or ride a bike to and from camp. Child must sign in upon arrival and sign out prior to departure.
- My child may sign themselves in and out of camp.
  - The latest my child should sign in is \_\_\_\_\_.
  - The earliest my child should sign out is \_\_\_\_\_.
- I understand that CCPR is not responsible for items my child/children bring to camp.
- I understand that I am responsible for providing appropriate materials and supplies for field trips as directed (example: Bag lunches only. No coolers!). Child must wear appropriate clothing and footwear when attending camp. See camp information packet for details.
- Please have staff apply sunscreen to my child if necessary.
- My child can swim and can pass the required swim test. Swim test – Must be able to swim the entire width of the pool without stopping and/or touching the bottom.
- In the event of any informational changes I will notify CCPR staff immediately.

By signing below I signify that I agree to follow, abide, and adhere to all camp rules and regulations at all times.

Child's Name \_\_\_\_\_ Camp Location \_\_\_\_\_

Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*CCPR Staff Signature \_\_\_\_\_ Date \_\_\_\_\_\*\*\*\*

SUMMER CAMP PROGRAM  
CHILD REGISTRATION AND  
MEDICAL / IMMUNIZATION RECORD

**Camp Location:** \_\_\_\_\_

**Child Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Emergency Contact: (Not Listed Above)**

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Date of last tetanus immunization: (Month/Year format)** \_\_\_\_\_

**Pertinent information on any significant medical problem:** \_\_\_\_\_

\_\_\_\_\_

---

**Primary Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Is camper missing any immunization because of medical contraindication or exemption by religious belief? Yes** \_\_\_ **No** \_\_\_

**Is child enrolled in a Maryland school? Yes** \_\_\_ **No** \_\_\_ **If "yes" what is the name of the school?** \_\_\_\_\_

**If camper is not registered in a Maryland school, you must furnish the Division of Parks and Recreation required records of immunization, contraindication statement from child's physician or exemption by religious belief statement before child can be admitted to the program.**

**SEE BACK>>>>>**

**WAIVER RELEASE**

I HEREBY GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN ALL ACTIVITIES AND ATTEND ALL TRIPS SPONSORED BY THE CALVERT COUNTY DIVISION OF PARKS AND RECREATION. IN CONSIDERATION OF THE DIVISION'S ACCEPTING MY CHILD INTO THIS PROGRAM, I AGREE TO WAIVE AND FOREVER DISCHARGE CALVERT COUNTY, ITS EMPLOYEES AND AGENTS HARMLESS OF & FROM ANY INJURIES SUSTAINED BY MY CHILD WHICH OCCURS WHILE ENROUTE TO OR FROM OR PARTICIPATING IN ANY ACTIVITY SPONSORED BY THE AFOREMENTIONED PARTIES.

**NOTE:** This release does not obligate your child to attend any or all scheduled trips or activities.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

**SIGN OUT RELEASE**

UPON DROPPING OFF AND PICKING UP MY CHILD FROM THE CAMP, I AGREE TO INFORM THE DIRECTOR AND SIGN THE APPROPRIATE FORM, INCLUDING DATE AND TIME I DROPPED OFF AND PICKED UP MY CHILD. IN THE EVENT, I AM UNABLE TO PICK UP MY CHILD, I AGREE TO CALL THE SCHOOL/ CENTER AND INFORM THE DIRECTOR WITH THE NAME OF THE INDIVIDUAL I AUTHORIZE TO PICK UP MY CHILD. I AGREE TO PROVIDE THE PARKS AND RECREATION DIVISION WITH THE NAMES OF INDIVIDUALS I AUTHORIZE TO PICK UP MY CHILD WHEN I AM UNABLE TO DO SO MYSELF. (SEE NAMES LISTED BELOW.) I REALIZE IT IS MY RESPONSIBILITY TO KEEP THIS LIST UPDATED AND ACCURATE.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

**CHILD'S WALK/RIDE BIKE/SIGN-OUT PERMISSION RELEASE**

I GIVE MY CHILD PERMISSION TO WALK AND/OR RIDE HIS/HER BIKE TO AND FROM THE CAMP SITE AND PERMISSION TO SIGN HIM/HER SELF IN AND OUT OF CAMP EACH DAY.

**NOTE: CALVERT COUNTY PARKS AND RECREATION CAN NOT BE HELD ACCOUNTABLE ONCE YOUR CHILD HAS SIGNED OUT!**

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

**AUTHORIZED PERSONS FOR PICK-UP**

NAME	PHONE NUMBERS
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**UNAUTHORIZED PERSONS FOR PICK-UP**

NAME	PHONE NUMBERS
1. _____	_____
2. _____	_____

Please notify Parks and Recreation Staff of any changes or additions immediately.

-----OFFICIAL USE ONLY-----

DATE RECEIVED: \_\_\_\_\_ STAFF INITIALS: \_\_\_\_\_

## ***SUMMER CAMP PROGRAM ADMINISTERING MEDICATION***

1. When the Parks and Recreation Division allow a staff member to supervise the taking of prescription or nonprescription medication by a child, the staff member may do so only with prior written authorization from the child's parent.
2. The parent's authorization includes the:
  - Child's name
  - Parent's signature and date signed
  - Identity of the medication and dosage for the child
  - Dates on which the medication is to be administered
  - Time to administer the medication or the conditions for which the medication is to be administered
  - Parents should instruct the child as to how and why they are taking the medication and also explain to the child that they should be able to recognize their medication.
3. Prescription medication is labeled by the pharmacy or physician with the child's name, and an expiration date that indicates that the medication is still usable.
4. At least one dose of a prescription medicine has been given to the child at home.
5. The amount, date, and time of administration, and who supervised the taking of the medication by the child in the center, is recorded in the child's personal records.
6. Prescription medication may only be administered according to a licensed health practitioner's written instructions or the instructions on the label on the medication.
7. Only one dose of a prescription medication may be administered unless a licensed health practitioner approves the administration of the prescription medication and the additional dosage.
8. Staff shall store all medications safely and properly in a manner that ensures that they will be inaccessible to children, labeled with the child's name, the drug dosage, and expiration date.
9. Staff shall discard medication or return it to the child's parent upon the expiration date or when it no longer is to be administered.
10. Only one dosage of medication in the original container may be sent with the camper each day. Container will be sent home with the camper each day.

***CALVERT COUNTY DIVISION OF PARKS AND RECREATION  
AUTHORIZATION FOR PRESCRIPTION MEDICATION***

Does the child require prescription medication during summer camp hours? \_\_\_\_ Yes \_\_\_\_ No  
If YES, child's physician MUST complete the following:

Camp: \_\_\_\_\_

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

a.) Condition: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage / Schedule: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Side Effects / Toxic Effects: \_\_\_\_\_

b.) Condition: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage / Schedule: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Side Effects / Toxic Effects: \_\_\_\_\_

**Only those medications prescribed and listed by the physician will be accepted. Medications must be in the original pharmaceutical container and labeled with the camper's name, name of medication, dosage, schedule, prescription number, date filled, and prescribing physician's name.**

Date of Order: \_\_\_\_\_ Duration of Order: \_\_\_\_\_  
(If duration is less than current camp program, renewal of order may be necessary.)

I hereby authorize the camp staff to dispense these medications as prescribed.

\_\_\_\_\_  
Printed Name of Physician

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

***CALVERT COUNTY DIVISION OF PARKS AND RECREATION  
MEDICATION RELEASE FORM***

**PARENT OR LEGAL GUARDIAN: PLEASE COMPLETE AND SIGN IF  
THE CAMPER REQUIRES MEDICATION DURING CAMP HOURS.**

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_  
hereby request that identified members of the camp staff be caretakers of medication and  
administrators of prescribed medication for the camper named above and as prescribed by  
my physician

\_\_\_\_\_  
**Physician's Name**

\_\_\_\_\_  
**Physician's Phone Number**

I understand that members of the camp staff will be instructed to take any medication  
from the camper upon arrival at the camp and secure it in a safe location.

I understand that at a prescribed time, a staff member will retrieve the medication and  
hand it to the camper in the container. The staff member will then watch the camper take  
the medication.

I also understand that the staff who will administer this medication are medically  
untrained. I hereby state, without reservation that I will not hold the Calvert County  
Division of Parks and Recreation, or any of their employees and volunteers liable for any  
harm or injury which may be incurred by the camper in connection with this medical  
assistance, or damage/loss of medical equipment.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**