2026 CHARLES COUNTY CAMP REGISTRATION FORM • Camper Data Sheet

ONE FORM PER PARTICIPANT • PLEASE PRINT • **No child permitted to these camps without a completed camper data sheet.**

PARENT/GUARDIAN INFORMATION —Please Print

Parent/Guardian			E-Mail Address		
Mailing Address		City	State	Zip	County
Phone #'s	Home	Work		Cell	
Parent/Guardian		E-Mail Address			
Phone #'s	Home	Work		Cell	
Camper Information		First Name		Last Name	
Nickname		Age	Date of Birth	Sex (circle) M F	

Emergency Contacts (other than parent/guardian)	
Name:	Phone:
Name:	Phone:

MEDICAL RELEASE

Physician's Name: _____

Does your child require medication: ___ No ___ Yes
If yes, medical consent form is required.

Please explain medications: _____

_____

Special health conditions (please include physical, psychiatric, or behavioral conditions): _____

_____

_____

Does your child have allergies: ___ No ___ Yes

Please list: _____

Does your child have asthma: ___ No ___ Yes

Please list any activities your child may not participate in, or any problems which may require special attention: _____

_____

Last school attended: _____ State _____

If your child attends a school in Maryland, he/she has received all required immunizations unless exempt for medical or religious reasons. If out of state, please provide a copy of immunization record.

Has your child been exempted from any immunizations? ___ No ___ Yes

Please explain: _____

SWIMMING RELEASE

Please check which level best describes your child's swimming ability:

All pools are 3 1/2 ft deep at the shallow end, and anywhere from 9-11 ft at the deep end. No wading pools are available at any pool location.

❑ My child is not allowed in the pool (ALL children will be transported to the pool. Children not allowed in the pool will be provided with alternate activities at the pool site.)

❑ Non-swimmer/allowed in the pool: Must use U.S. Coast Guard approved flotation vest (no floaties or swimmies).

❑ Learning to Swim ❑ Swimmer

Any changes to a camper's swimming permission must be made in writing.

TRANSPORTATION RELEASE

In addition to parent/guardian, my child will be picked up by the following authorized individual(s).

For the safety of all campers, parents and authorized individuals must show identification every day when signing out a camper.

_____
Name Relationship

_____
Name Relationship

_____
Name Relationship

I understand that transportation will be provided for all necessary camp field trips, and my signature below authorizes my child to be transported accordingly.

If you wish for your child to arrive or depart by WALKING, RIDING A BIKE, or OTHER MEANS, written parental permission is required. You must provide an explanation, time to be dismissed, and identify the alternate form of transportation in your correspondence.

An emailed or mailed receipt is confirmation of enrollment, if no receipt has been received, please contact the Registration Office. Charles County Government is not responsible for program cancellations due to Charles County Public Schools programming, inclement weather, or unavoidable/extenuating circumstances. I, agree to participate or as the child's parent and/or guardian, I allow my child to participate in these programs knowing that safety precautions will be taken but realizing that the Charles County Government does not have accident insurance for participants. It is understood that activities such as the ones I will be participating in involve an element of risk and danger of accidents and knowing those risks, I hereby assume those risks. I do hereby release and hold harmless Charles County, Maryland, its officials, employees, instructors, and volunteers from any and all liabilities arising from any injuries that might occur during the supervised programs. I as a participant, or I as the child's parent and/or guardian, do hereby authorize the Charles County Government to take photographs and video of me/my child or my property for promotional and/or educational purposes. I do hereby authorize the Charles County Government to release the information for promotional purposes. I acknowledge that I have been informed that activities in which I/or my child participate may be shared through Charles County Government and Charles County Recreation, Parks and Tourism website and social media accounts, including photographs and live streaming videos, and I authorize and provide my consent for me/my child to being included in any such photographs or live streaming videos. I hereby state that this release is freely, willingly, and voluntarily made.

FORMS WITHOUT SIGNATURE WILL NOT BE ACCEPTED

I acknowledge that I have read and understand the Summer Camp Packet, including the refund policy. I understand that if my child forgets his/her camp T-shirt on a field trip, I will purchase one that day for the fee of $10. A non-refundable late pick-up fee of $10 per child for the first 15 minutes, or part thereof, will be charged. The fee will be $1 per minute thereafter.

By signing this form, I acknowledge the above and give permission to Charles County Government in the event of a MEDICAL EMERGENCY, to transport this child to the nearest hospital emergency room to receive medical treatment.

_____
Signature **Date**

CHARLES COUNTY CAMP REGISTRATION FORM

Reminders:

- Signature REQUIRED on side 1 of this form (Camper Data Sheet).
- A COMPLETED Camper Data Sheet must accompany EACH child on the FIRST day of camp. No Exceptions.
- Campers must be minimum age listed by first day of camp; and no older than the maximum age listed by the first day of camp.
- Non-Residents: confirm camp registration fees online.
- Week of July 3 is prorated due to the holiday. Subtract $30 from the weekly fee for Summer Day Camps, Future Leaders Teen Camp, and Summer Day Camp at Elite only. Prorate amount does not apply to other camps.
- A one-time $25 non-refundable supply fee is required with the first week of Summer Day Camp, Future Leaders Teen Camp, and Summer Day Camp at Elite registrations.

CAMP SELECTIONS/REGISTRATIONS:

Camper's Name:				
Week of	**Camp Title**	**Code**	**Location**	**Weekly Fee**
June 15				
June 22				
June 29				
July 6				
July 13				
July 20				
July 27				
August 3				
August 10				
August 17				
			TOTAL DUE:	$

Plan Your Summer Camp Experience!

JUNE

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	X	20
21	22	23	24	25	26	27
28	29	30				

JULY

S	M	T	W	T	F	S
			1	2	X	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

AUGUST

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

SUMMER DAY CAMP T-SHIRT ORDER

Shirts are issued one time per child; not one per camp week. Campers are required to wear T-Shirt for Summer Day Camp, Future Leaders Teen Camp, and Summer Day Camp at Elite field trips. Lost shirts or additional purchases are $10 each.

Circle requested size. Selecting the proper shirt size is the responsibility of the parent. • Additional or lost shirts are $10 each.

Child Sizes	6-8	10-12	14-16	SIZES MAY RUN SMALL	
Adult Sizes	S	M	L	XL	XXL

Signature required on side 1 of this form (Camper Data Sheet).
Fully completed CAMPER DATA SHEET must be provided at time of registration.

Help Send a Kid to Camp
Code: 302000-ZZ

I would like to help contribute to sending a kid to camp that otherwise would not be able to attend. I have included the following amount in my payment:

☐ $5 ☐ $10 ☐ $15

Other: $_____(*Indicate Amount*)

Online Registration Available! www.CharlesCountyParks.com

All camps require a Summer Camp Registration Packet (available online with camp registration) to be completed. No registration fee for Summer 2026

Make checks payable to:
Charles County Commissioners

MasterCard VISA DISCOVER NETWORK

Mail-in payments only accepted at:
Department of Recreation, Parks, and Tourism
Attn: Registration Office
107 Centennial St., Suite A
La Plata, MD 20646

Refund Policy: All requests for refunds must be received, in writing, seven working days prior to the start of a program. Requests for refunds are accepted by email to Registration@CharlesCountyMD.gov. After the program has begun, a prorated refund, based on participation, may be approved if requested in writing with medical verification received prior to the end of the program. No refunds will be considered after a program has ended. A $15 administrative fee will be deducted from all approved refunds, regardless of circumstances, unless the program is canceled by Charles County Department of Recreation, Parks, and Tourism. Late fees, camp supply fees, and T-shirt costs are non-refundable.

Registration Packets may be faxed to: 301-934-5624
E-mail: Registration@CharlesCountyMD.gov

OFFICE USE ONLY

☐ Cash ☐ M/O ☐ Check
☐ Mastercard ☐ VISA ☐ Discover

Name on check/card _____

Ck/Card # _____ Expiration _____

Sec # _____ Household # _____

MEDICATION ADMINISTRATION AUTHORIZATION FORM for Youth Camps in Maryland

Maryland Department of Health (MDH)
Office of Healthy Homes and Communities
(410) 767-8417 or 1-877-463-3464 ext. 78417
Draft Revision Date: 4/4/2018

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-adminster 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, homeophathic, and herbal medicines.
- An adult must bring the medication to the camp and give the medication to an adult staff member.

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	Frequency	OK to Self-Administer	OK to Self-Carry (Emerg Meds Only)
1						☐ Yes ☐ No	☐ Yes ☐ No ☐ Not emergency med
			Emergency Medication: ☐ Yes ☐ No Known side effects:				
2						☐ Yes ☐ No	☐ Yes ☐ No ☐ Not emergency med
			Emergency Medication: ☐ Yes ☐ No Known side effects:				
3						☐ Yes ☐ No	☐ Yes ☐ No ☐ Not emergency med
			Emergency Medication: ☐ Yes ☐ No Known side effects:				

4. PRESCRIBER'S NAME/TITLE			This space may be used for the Prescriber's Address Stamp
TELEPHONE	FAX		
ADDRESS			
CITY	STATE	ZIP CODE	

5a. PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here) (original signature or signature stamp only)	5b. DATE (mm/dd/yyyy)

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 FOR SELF-ADMINISTRATION/SELF-CARRY	7b. DATE	8a. PARENT/GUARDIAN'S SIGNATURE FOR SELF-ADMINISTRATION/SELF-CARRY	8b. DATE

ASTHMA ACTION PLAN AND MEDICATION ADMINISTRATION AUTHORIZATION FORM

for Youth Camps in Maryland

Please complete both pages of this form if the child has an inhaler or other asthma-related medication

Maryland Department of Health (MDH)
Office of Healthy Homes and Communities
(410) 767-8417 or 1-877-463-3464 ext. 78417

1. CHILD'S NAME (First Middle Last)	2. DATE OF BIRTH (mm/dd/yyyy) ____/____/_____	3. PEAK FLOW PERSONAL BEST:

4. ASTHMA SEVERITY (check one): ☐ Mild Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent ☐ Exercise Induced

5. ASTHMA TRIGGERS (check all that apply): ☐Colds ☐Exercise ☐Animals ☐Dust ☐Smoke ☐Food ☐Weather ☐Other_____

Section I. ASTHMA ACTION PLAN

6. THIS ASTHMA ACTION PLAN SHALL BE EFFECTIVE FOR AND MEDICATION SHALL BE ADMINISTERED during the year in which this form is dated in 9b below unless more restrictive dates are specified in 6a and 6b. This authorization is NOT TO EXCEED 1 YEAR.	6a. FROM (mm/dd/yyyy) ____/____/_____	6b. TO (mm/dd/yyyy) ____/____/_____

GREEN ZONE - DOING WELL

You have **ALL** of these
- Breathing is good
- No cough or wheeze
- Can walk, exercise, & play
- Can sleep all night
- **If known, peak flow greater than _____ (80% personal best)**

Exercise Zone

Rescue Medication	Dose	Route	Frequency	OK to Self-Administer	OK to Self-Carry
				☐ Yes ☐ No	☐ Yes ☐ No
	Known side effects:				

☐ Prior to all exercise/sports
☐ When the child feels they need it

YELLOW ZONE - GETTING WORSE

You have **ANY** of these
- Some problems breathing
- Wheezing, noisy breathing
- Tight chest
- Cough or cold symptoms
- Shortness of breath
- Other:_____
- **If known, peak flow between ____ and _____ (50% to 79% personal best)**

Emergency Medication	Dose	Route	Frequency	OK to Self-Administer	OK to Self-Carry
				☐ Yes ☐ No	☐ Yes ☐ No
	Known side effects:				
				☐ Yes ☐ No	☐ Yes ☐ No
	Known side effects:				
				☐ Yes ☐ No	☐ Yes ☐ No
	Known side effects:				

RED ZONE - MEDICAL ALERT/DANGER

You have **ANY** of these
- Breathing hard and fast
- Lips or fingernails are blue
- Trouble walking or talking
- Medicine is not helping (15-20 mins?)
- Other:_____
- **If known, peak flow below _____ (0% to 49% personal best)**

Emergency Medication	Dose	Route	Frequency	OK to Self-Administer	OK to Self-Carry
				☐ Yes ☐ No	☐ Yes ☐ No
	Known side effects:				
				☐ Yes ☐ No	☐ Yes ☐ No
	Known side effects:				
				☐ Yes ☐ No	☐ Yes ☐ No
	Known side effects:				

ASTHMA ACTION PLAN AND MEDICATION ADMINISTRATION AUTHORIZATION FORM

for Youth Camps in Maryland

Please complete this form if the child has an inhaler or other asthma-related medication

Maryland Department of Health (MDH)
Office of Healthy Homes and Communities
(410) 767-8417 or 1-877-463-3464 ext. 78417

CHILD'S NAME (First Middle Last)	DATE OF BIRTH (mm/dd/yyyy) ____/____/_____

Section II. PRESCRIBER'S AUTHORIZATION

8. PRESCRIBER'S NAME/TITLE			This space may be used for the Prescriber's Address Stamp
TELEPHONE	FAX		
ADDRESS			
CITY	STATE	ZIP CODE	

9a. PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here) (original signature or signature stamp only)	9b. DATE (mm/dd/yyyy)

Section III. 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

10a. PARENT/GUARDIAN SIGNATURE	10b. DATE (mm/dd/yyyy)	10c. INDIVIDUALS AUTHORIZED TO PICK UP MEDICATION
10d. HOME PHONE #	10e. CELL PHONE #	10f. WORK PHONE #

Section IV. 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: Asthma Action Plan* 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: Asthma Action Plan* , the child named above may self-carry emergency medications checked as "OK to self-administer and self-carry."

11a. PRESCRIBER'S SIGNATURE FOR SELF-ADMINISTRATION/SELF-CARRY	11b. DATE (mm/dd/yyyy)
12a. PARENT/GUARDIAN'S SIGNATURE FOR SELF-ADMINISTRATION/SELF-CARRY	12b. DATE (mm/dd/yyyy)

Section V. CAMP MEDICAL STAFF USE ONLY

Camp Medical Staff Notes:	
Reviewed by:	DATE (mm/dd/yyyy)

Charles County Department of Recreation, Parks, and Tourism

Sunscreen Consent Form

The Center for Healthy Homes and Community Services no longer considers sunscreen a medication requiring a prescriptive order. Appropriate sunscreen use is important to prevent skin damage and skin cancer in children. The Maryland Department of Health and the Department of Recreation, Parks, and Tourism encourages the appropriate use of sunscreen during summer activities. At the same time, sunscreen can cause allergic reactions in a small number of children, and parents will need to be involved in decisions regarding sunscreen use for their child.

Authorization by parent/guardian is needed in order for your child to apply/use sunscreen.

Campers Name:_____ Camp Location: _____

Required: Parents must supply and label all listed sunscreen:_____

Check only <u>one</u> box:	
	My child is allowed to apply sunscreen directly. No assistance from staff is necessary.
	Staff is allowed to assist my child with applying spray sunscreen (no contact).

Completion of the sunscreen consent form relieves the Charles County Government, its agents, employees, or representatives of any responsibility for ill effects resulting from the administration of the medicine.

Parent/Guardian Signature: _____Date: _____

Parents are still encouraged to apply sunscreen to their child before the child attends camp for the day.

Charles County Department of Recreation, Parks, and Tourism • 107 Centennial St., Suite A, La Plata, MD • 301-932-3470
Maryland Relay Service: 7-1-1 • Equal Opportunity Employer • www.CharlesCountyParks.com