



August 2024

Camp Running Bear

Monkton, Maryland



Dear Friends,

We are excited for our 10th annual Camp Open Arms in August. We are even more excited that you will be part of camp this year!

Mark your calendars for August 5th – 10th, 2024, our seventh year of a full week of camp and Camp Open Arms' 10th Anniversary! Camp Open Arms provides time for children to explore and enjoy typical camp activities such as nature hikes, eating outdoors, creating crafts and singing all while being surrounded by other children with similar limb differences and challenges. On Saturday, we are also inviting parents and siblings of campers to attend our family gathering to enjoy time for education, sharing resources and building support networks. This year's family gathering, Saturday August 10th, will most likely be held on the campus of University of Maryland St. Joseph's Medical Center in Towson. The theme for this year's camp is the Camp Open Arms Olympics, coinciding with the 2024 Olympics and Paralympics being held in Paris, France. We have tentatively scheduled our family event on Saturday August 10th which will include having fun and enjoying time together. Lunch and snacks will be provided. More details will be coming soon!!! Also, our older campers will likely have special late night events at camp on Thursday August 8th, as well as another event at a separate location on Friday night August 9th – siblings and parents are welcome to join these additional activities...more info coming soon.

Camp is put on through a partnership with the University of Maryland School of Medicine, the University of Maryland Children's Hospital, and the University of Maryland Department of Orthopaedics. The mission of Camp Open Arms is to provide an opportunity to have fun while building confidence and forging friendships for all who participate – both parents and children.

For your convenience, and to maximize your child's day camp experience, we have put together a packet of information. Please take a few moments to review the information. Many of the commonly asked questions about camp are answered here. We have also enclosed several required forms that need to be completed and mailed back to us by July 5, 2024.

Fondly,

A handwritten signature in black ink, appearing to read 'Joshua M. Abzug'.

Joshua M. Abzug, M.D.
Professor of Orthopaedics
Director and Founder, Camp Open Arms
Director, University of Maryland Brachial Plexus Clinic
Deputy Surgeon-in-Chief University of Maryland Children's Hospital
Director of Pediatric Orthopaedics, University of Maryland Medical Center



Required Forms

Required forms are due by July 5th, 2024. Any forms that are not received are considered incomplete and space could be forfeited.

- **Camper Information and Health Inventory Form** -this contains health and personal information to help us accommodate the needs of your camper. This information may also be used should an emergency arise while your child is at camp and we need to contact you.
- **Emergency Contacts and Authorized Pick-Up** - this lists the adults authorized to pick up your child. **Your child may be released at any time to an adult listed on this form.** You MUST list a minimum of 2 separate emergency contacts with daytime numbers. **Make sure you as the parent/guardian are listed first.** We have very strict pick-up rules at Camp Open Arms.
- **General Release** – this gives your camper permission to participate in all camp activities including crafts, hiking, outdoor activities, etc.
- **Sunscreen Waiver Form-** allows the camp staff to apply sunscreen to your child.
- **Photo and Video Release Form-** this form allows the University of Maryland Medical System, the University of Maryland Department of Orthopaedics and the University of Maryland School of Medicine to use photos and or videos of campers.
- **Immunization Record-** campers must submit an immunization record. We will accept a copy of the forms on file at your child's school or doctor's office.
- **Medication Order Form-** this form gives Camp Open Arms permission to supervise self-administration of the specified medication; by law medication is not permitted to be administered without it. Campers are not permitted to keep their own medications. **A separate form is required for each medication.** A doctor's signature is only required on non-prescription or over-the-counter medications that are taken on a regular basis.



Sign In and Out Procedures

Sign-in Procedure

Children that are being dropped off at the camp can be dropped off at 9:00 a.m. **Children must be signed in by a parent or an adult designated by the parent.**

Sign-out Procedure

Children should be picked up no later than 3:30 p.m. The parent or an adult designated by the parent **MUST** present a photo ID, at the parent table, to sign the camper(s) out. **No camper, regardless of circumstances, will be allowed to leave camp with an unauthorized adult.**

Authorized Pick-up Person

The safety of your child is the most important thing to us here at Camp Open Arms. The list of people on the camper information and health form will be used to identify the adults allowed to pick up your child from camp. Your child will not be released to anyone without proper photo identification. **THERE ARE NO EXCEPTIONS!!** The safety of your child is considered more important than any inconvenience that may occur from showing identification on a daily basis. ***A PHOTO ID IS STILL REQUIRED EACH DAY*** even if your name is on the pick-up form. Please read the pick-up form carefully before signing. **Please alert the camp staff of any changes in writing.** If family circumstances are such that there are individuals not permitted to ever pick up your camper, please provide a list of names.

- **All** medication (this includes epi-pens and inhalers) must be in the original container with clear dosage directions. Sometimes the outer packaging will contain the best information.
 - Blister packs of medication are not accepted without the container or packaging.
 - **All** medication must be current; verify the expiration dates on the form.
 - One dose of any medication should have been given at some time at home to ensure the child is not allergic.
 - Prescription medication must have a clearly legible pharmacy label.
 - Except for acetaminophen or topicals, only one dose of a non-prescription medication can be given per illness.
 - Non-prescription medication requiring multiple doses or dosage other than that stated on the label required a doctor's signature.
- **Consent for Administration of Approved Discretionary Medications-** this form allows the Register Nurse to administer medications to campers when necessary.

Email Required forms to:

Campopenarms@umm.edu

OR

Mail completed required forms to:

**University of Maryland Orthopaedics
Attention: Camp Open Arms
226 Schilling Circle, Suite 170
Hunt Valley, Maryland 21031**

Forms MUST be received by July 5, 2024



Discipline Policy

The goal at Camp Open Arms is for children with brachial plexus injuries and other limb differences to interact with children who have similar differences and have fun. Disruptive behavior will not be tolerated. Disruptive behavior includes but is not limited to:

- Bullying and/or harassment of others
- Any type of physical harm to another
- Destroying any camp property, or that of the property owners
- Lying and/or stealing

If disruptive behavior is noted, the issue will be addressed with the child and parent. If the behavior continues, the child will not be allowed to participate in Camp Open Arms. Immediate suspension will result from behaviors that threaten the safety and wellbeing of oneself, another child, or staff members, (physical abuse, threats) as well as behaviors that place the camp program at risk (running away, threats to camp, other endangerment).



Health and Wellness

Medication Check-in and Check-out

Children are not allowed to keep their own medications, including non-prescription medicines such as Tylenol. Medication can only be accepted by approved camp staff, please allow adequate time on your camper's first day for this check in process.

- All medication should be in an original labeled container. Some require the packaging box to show proper dosage, expiration, and pharmaceutical label.
- Blister packs of medication cannot be accepted without the box and pertinent information
- Medications must be accompanied by a completed Medication Authorization Form, one medication per form.

At the end of camp all medication must be signed out by a parent/guardian. All medications not signed out will be disposed of promptly.

See Medication Authorization Form in the Required Forms section for additional details.

Administering Medication

The nurse supervises self-administration of camper medications. Please be sure your camper understands the process of taking his/her medication prior to attending camp. Staff is trained to administer emergency medications such as Epi-pens and Inhalers if needed. If camper's medication requires special dispensation, please contact the Camp Director. ***No medication will be administered without a completed Medication Authorization Form.***

Allergies

It is the parent's responsibility to inform the staff of any allergies your child might have. Please provide this in writing on the camper health form.

Sunscreen

Parents should apply sunscreen on the child before sending the child in the morning. Sunscreen breaks will be taken periodically. Children should be able to apply sunscreen to themselves using their own sunscreen. Under staff supervision when necessary, another child may assist in this application to areas the child cannot reach on their own (i.e. back and shoulders). As a last resort, staff may apply sunscreen. In each case, child or staff assisting in application, the “bathing suit rule” applies. This rule means that they will apply only to areas that would not be covered by a one-piece swim suit.

Sick Camper Policy

Should your camper become ill while at camp, camp staff will contact you for pick up as soon as possible. The nurse is able to make your camper comfortable but not equipped to care for ongoing illness. Please do not send your child to camp if he/she is ill. The state health department requires that a sick child be separated from the other children and picked up within two hours. Parents must create an emergency plan to pick up the child in the event of illness. Emergency contacts should be readily available, in symptoms of communicable disease such as vomiting, diarrhea, or fever must be clear of such symptoms for 24 hours to be re-admitted to camp. Depending on the nature of the illness, a doctor’s note may be required before the camper may be re-admitted to camp.



What to Bring to Camp

- Towel
- Sunscreen
- Extra pair of clothes
- Art smock or large shirt that can get paint on it

What You Should Wear to Camp

- Tennis shoes
- Shirt will be provided to you
- Comfortable clothes





Camper Information and Health Inventory Form

This form must be filled out completely by a parent or guardian. Provide detailed information to help us meet your child's needs. All information given is confidential and held for staff use only.

This form must be filled out completely and returned by July 5, 2024

Section 1 Personal Information

Child's Name: _____
(Last) (First) (Middle)

Nickname: _____

Sex: Male Female Age (at the time of camp): _____

Date of Birth _____

Limb difference diagnosis _____

Home Address: _____

Home/Cell Phone: _____

T-shirt size: S M L XL Please specify Child or Adult

Likes/Dislikes: _____

Section 2 Insurance Information

Medical Insurance Company: _____

Policy Holder's Name: _____

Policy Number: _____ Expiration Date: _____

Pediatrician: _____ Phone Number: _____

Section 3 Parent/Guardian Information

Parent/Guardian: (camper lives with) Mother Father Both Other _____

Mother/Guardian's Name: _____
_____ (Last) (First)

Phone/Home: _____ Work : _____ Cell: _____

Email Address: _____

Father/Guardian's Name: _____ (Last) (First)

Phone/Home: _____ Work: _____ Cell: _____

Email Address: _____

Who would you like us to contact first? Mother/Guardian or Father/Guardian

Section 4 Health History

Does your child have any of the following health concerns? (Please circle Yes or No)

Heart Disease - Yes No	Fainting - Yes No	OCD - Yes No
Diabetes - Yes No	Discipline Problems - Yes No	ADD/ADHD - Yes No
Convulsive Disorder - Yes No	Learning Disabilities - Yes No	Asthma- Yes No
Headaches- Yes No	Anxiety- Yes No	

Section 5 Illness

ILLNESS: Please mark an (X) next to any illness camper has had

<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Measles (red)	<input type="checkbox"/> Mumps	<input type="checkbox"/> Polio
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Whooping Cough	<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Pneumonia
<input type="checkbox"/> Measles (4-day)	<input type="checkbox"/> Rheumatic Fever		

Section 6 Hospitalizations

Please list below any recent hospitalization (within last 6 months) information or emergency room visits:

Date _____ Reason: _____

Date _____ Reason: _____

Date _____ Reason: _____

Section 7 Physical Limitations

Does your child have any physical limitations (i.e., prosthesis, low endurance, recent surgery, etc.) which may affect his/her participation in any camp activity: YES NO

If Yes, please explain _____

—

—

Section 8 Medications

Please list all medications your child takes

Name of Drug/Reason

How Much and How Often

Section 9 Allergies

Does your child have an Epi Pen? Yes No If Yes – the Epi Pen must be brought to camp

Is your child allergic to any MEDICATION (penicillin, sulfa, etc.)? Yes No

Medication Name

Reaction

Date of Last Reaction

Is your child allergic to any ANIMALS and/or INSECTS? Yes No

List Animal and/or Insect

Reaction

Date of Last Reaction

Does your child have any FOOD ALLERGIES? Yes No

What to

Reaction

Date of Last Reaction

Signature of Parent or Guardian

Date



Emergency Contact and Authorization Pick Up Form

Please provide two emergency contacts **other than parent/guardian**. All attempts will be made to contact parent/guardian first.

Name _____

Relationship to camper _____

Home phone _____

Work _____

Cell _____

Name _____

Relationship to camper _____

Home phone _____

Work _____

Cell _____

Please provide the name of the individual who will be picking the camper up from camp.

Name _____

Relationship to camper _____

Home phone _____

Work _____

Cell _____



RELEASE OF LIABILITY AND ASSUMPTION OF RISK

Every Participant must have a completed and signed release form to turn in by July 31st to participate. ALL areas must be completed

Camper's Name (First, MI, Last):	Name of Parent/Guardian:	Parent/Guardian Cellphone:
Address:	City, State & Zip:	Phone Number:

I _____, as parent or legal guardian of _____, a Camper (hereinafter "Camper"), hereby grant the permission necessary to allow Camper to participate in the above camp to be conducted by the University of Maryland Department of Orthopedics, the University of Maryland Medical System and the University of Maryland School of Medicine. I understand that Releasees (as defined above) do not guarantee the suitability of the Camp for Camper's participation. I understand that there are inherent risks involved in participating in the Camp, and I realize that participation in the Camp is my and the Camper's choice. I am aware that, during the Camp, certain risks and dangers may occur, including, but not limited to, the hazards of traveling by automobile, bus or other conveyance; accident or illness; the forces of nature; all manner of foreseen and unforeseen bodily and personal injuries, including death; damage to property; and the consequences resulting therefrom.

I understand that it is my and the Camper's responsibility to know what personal equipment is required (such as footwear and clothing) and provide the proper personal equipment for Camper's participation in the Camp, and to ensure that it is in good and suitable condition. I agree to ask questions to make sure that Camper knows how to safely participate in the Camp activities. **IN CONSIDERATION OF CAMPER BEING PERMITTED TO ATTEND AND PARTICIPATE IN THE CAMP, I ACKNOWLEDGE AND VOLUNTARILY ASSUME ALL RISKS ASSOCIATED WITH THE CAMP.**

I, on my own behalf of the Camper our heirs, representatives, executors, administrators and assigns, for the sole consideration of Camper being allowed to attend and participate in the Camp, do hereby release, relieve, covenant not to sue and forever discharge, defend, indemnify and hold harmless, Camp Open Arms, its trustees, officers, agents, employees, students, and volunteers (hereinafter collectively "Releasees") of any and from all claims, demands, rights, liabilities, losses, expenses, and causes of action (with the exception of gross negligence or willful misconduct) of whatever kind of nature including, but not limited to, negligence, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, including death, resulting from any participation in or in any way connected with arising out of or connected with the Camp, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death)

that the Camper may incur or sustain during the Camp, all activities associated with the Camp and while traveling to and from the site for the Camp whether or not the Camp actually occurs. I, ON MY OWN BEHALF AND ON BEHALF OF THE CAMPER, HEREBY WARRANT THAT I HAVE READ THIS RELEASE OF LIABILITY IN ITS ENTIRETY AND FULLY UNDERSTAND ITS CONTENTS. I, ON MY OWN BEHALF AND ON BEHALF OF THE CAMPER, AM AWARE THAT THIS RELEASE OF LIABILITY RELEASES RELEASEES FROM LIABILITY AND CONTAINS AN ACKNOWLEDGEMENT OF MY VOLUNTARY AND KNOWING ASSUMPTION OF THE RISK OF INJURY OR ILLNESS.

Medical Release. I, on my own behalf and on behalf of the Camper, acknowledge and agree that such participation subjects Camper to possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, on my own behalf and on behalf of the Camper, acknowledge that the Camper is in good health, physically fit and mentally capable of participating in Camp activities, and is covered by accident and health insurance, and I hereby give full approval of my child's participation in the Camp. In the event of such illness or injury, I authorize Camp of Arms to obtain necessary medical treatment of the Camper and hereby, on my own behalf and on behalf of the Camper, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of the Camper for any illness or injury that the Camper may sustain during the Camp and while traveling to and from the site of the Camp.

Camp Rules. I further acknowledge and understand that Camp Open Arms has established rules and regulations pertaining to conduct, behavior and activities of all Camp participants by which Camper and I agree to abide during the Camp, and that Camper and I will be responsible for his/her/my failure to abide by those rules and regulations. Camper and I have received, read (if applicable) and understand the Camp rules. Camper and I understand that violation of the rules can result in dismissal from Camp.

BY SIGNING BELOW I, ON MY OWN BEHALF AND ON BEHALF OF THE CAMPER HEREBY ACKNOWLEDGE THAT I HAVE CAREFULLY READ AND UNDERSTOOD THE ABOVE BEFORE SIGNING AND AGREE TO COMPLY WITH THE ABOVE PROVISIONS. I INTEND THIS TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT, IF ANY PORTION OF THE RELEASE IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE TO FULL FORCE AND EFFECT. I expressly agree that this Release shall be governed by and interpreted to accordance with the laws of the State of Maryland without regard to conflict of law principles.

Signature of Parent or Legal Guardian: _____

Date: _____

Relationship to Camper: _____



Permission to Apply Sunscreen

Name of Camper _____

We request that sunscreen be applied to your child prior to them attending camp for the day. Camp staff will assist with applying sunscreen to bare surfaces including the face, top of ears, and bare shoulders, arms and legs. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. **It is the parents/guardian responsibility to provide sunscreen. We are prohibited from applying sunscreen to your child if the sunscreen does not belong to them.**

Please check here if you do **NOT** want camp staff to assist your child in applying sunscreen.

Parent/Guardian Signature _____

Date _____



AUTHORIZATION FOR USE OF INFORMATION, PHOTOGRAPHS and VIDEO CLIPS

Name of Camper: _____

DOB: _____

Camp Open Arms provides an opportunity for children to enjoy the outdoors, to experience many activities that they otherwise might not have the opportunity to enjoy and to interact with other children and staff to share common experiences. Part of this shared experience is the taking of photographs and videos-individual and group pictures. At the end of the Camp, these pictures and videos may be given to all Camp participants, staff, sponsors and supporters of the Camp. The pictures and videos also may be used in various internal and external University of Maryland Medical System, University of Maryland Department of Orthopaedics and the University of Maryland School of Medicine educational, fundraising and informational activities, on the web site, as well as by local newspapers and other media outlets. The privacy of Camp participants, as well as the confidentiality of medical and related information, is among our highest priorities. Therefore, permission to provide photos and information about Camp participation is sought from the parents or other responsible persons of the Camp participants.

- I do _____, I do not _____ give my permission for Camp Open Arms to allow photographs and videos of my child to be taken and used as described above, together with his/her first name.

If permission is given, I hereby release and waive all claims to compensation and rights regarding such use and/or publication. This authorization will end only when the use of disclosure of my child's photos and information about Camp participation is no longer needed for the purposes agreed to above. I understand that I may withdraw this permission at any time for future use or disclosure of my child's name, photos, videos and information by Camp Open Arms by sending written notification. However, I understand that this withdrawal would affect only future use and disclosure of the information, photographs and videos, which have not been previously used or disclosed by Camp Open Arms users to whom I have given permission to use the information or images for other purposes.

I understand that: (1) This authorization is voluntary. (2) My child's treatment will not be impacted, regardless of whether this authorization is signed. (3) If I do not sign this authorization, Camp Open Arms will make every effort not to include pictures or videos of my child. (4) I will receive a copy of this authorization upon signature. (5) Once my child's name, photos, videos and information about Camp participation is disclosed as requested, it may no longer be protected by federal and state privacy laws, and could be re-disclosed by the person(s) receiving it.

I, _____ (print your name) confirm that I am the parent or legal guardian for the child named above and I have CIRCLED my relationship to that child below:

- Parent
- Registered Kinship Care Relative
- Court Appointed Guardian
- Medical Power of Attorney
- Legally Appointed Healthcare Agent

Signature: _____

Date: _____

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE IMMUNIZATION CERTIFICATE

CHILD'S NAME _____
 LAST FIRST MI
 SEX: MALE FEMALE BIRTHDATE _____/_____/_____
 COUNTY _____ SCHOOL _____ GRADE _____
 PARENT OR GUARDIAN NAME _____ PHONE NO. _____
 ADDRESS _____ CITY _____ ZIP _____

RECORD OF IMMUNIZATIONS (See Notes On Other Side)

Vaccines Type													
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 Mo/Yr
1									1				
2									2				
3										Td Mo/Day/Yr	Tdap Mo/Day/Yr	FLU Mo/Day/Yr	Other Mo/Day/Yr
4										_____	_____	_____	_____
5										_____	_____	_____	_____

To the best of my knowledge, the vaccines listed above were administered as indicated.

Clinic / Office Name
Office Address/ Phone Number

- _____
Signature Title Date
(Medical provider, local health department official, school official, or child care provider only)
- _____
Signature Title Date
- _____
Signature Title Date

Lines 2 and 3 are for certification of vaccines given after the initial signature.

COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM VACCINATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY VACCINATION(S) THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.

MEDICAL CONTRAINDICATION:

Please check the appropriate box to describe the medical contraindication.

This is a: Permanent condition OR Temporary condition until _____/_____/_____
Date

The above child has a valid medical contraindication to being vaccinated at this time. Please indicate which vaccine(s) and the reason for the contraindication, _____

Signed: _____ Date _____
Medical Provider / LHD Official

RELIGIOUS OBJECTION:

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any vaccine(s) being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Signed: _____ Date: _____

How To Use This Form

The medical provider that gave the vaccinations may record the dates (using month/day/year) directly on this form (check marks are not acceptable) and certify them by signing the signature section. Combination vaccines should be listed individually, by each component of the vaccine. A different medical provider, local health department official, school official, or child care provider may transcribe onto this form and certify vaccination dates from any other record which has the authentication of a medical provider, health department, school, or child care service.

Only a medical provider, local health department official, school official, or child care provider may sign ‘Record of Immunization’ section of this form. This form may not be altered, changed, or modified in any way.

Notes:

1. When immunization records have been lost or destroyed, vaccination dates may be reconstructed for all vaccines except **varicella, measles, mumps, or rubella.**
2. Reconstructed dates for all vaccines must be reviewed and approved by a medical provider or local health department no later than 20 calendar days following the date the student was temporarily admitted or retained.
3. Blood test results are NOT acceptable evidence of immunity against diphtheria, tetanus, or pertussis (DTP/DTaP/Tdap/DT/Td).
4. Blood test verification of immunity is acceptable in lieu of polio, measles, mumps, rubella, hepatitis B, or varicella vaccination dates, but **revaccination may be more expedient.**
5. History of disease is NOT acceptable in lieu of any of the required immunizations, except varicella.

Immunization Requirements

The following excerpt from the DHMH Code of Maryland Regulations (COMAR) 10.06.04.03 applies to schools:

“A preschool or school principal or other person in charge of a preschool or school, public or private, may not knowingly admit a student to or retain a student in a:

- (1) Preschool program unless the student's parent or guardian has furnished evidence of age appropriate immunity against Haemophilus influenzae, type b, and pneumococcal disease;
- (2) Preschool program or kindergarten through the second grade of school unless the student's parent or guardian has furnished evidence of age-appropriate immunity against pertussis; and
- (3) Preschool program or kindergarten through the 12th grade unless the student's parent or guardian has furnished evidence of age-appropriate immunity against: (a) Tetanus; (b) Diphtheria; (c) Poliomyelitis; (d) Measles (rubeola); (e) Mumps; (f) Rubella; (g) Hepatitis B; (h) Varicella; (i) Meningitis; and (j) Tetanus-diphtheria-acellular pertussis acquired through a Tetanus-diphtheria-acellular pertussis (Tdap) vaccine.”

Please refer to the “**Minimum Vaccine Requirements for Children Enrolled in Pre-school Programs and in Schools**” to determine age-appropriate immunity for preschool through grade 12 enrollees. The minimum vaccine requirements and DHMH COMAR 10.06.04.03 are available at www.dhmv.maryland.gov. (Choose Immunization in the A-Z Index)

Age-appropriate immunization requirements for licensed childcare centers and family day care homes are based on the Department of Human Resources COMAR 13A.15.03.02 and COMAR 13A.16.03.04 G & H and the “**Age-Appropriate Immunizations Requirements for Children Enrolled in Child Care Programs**” guideline chart are available at www.dhmv.maryland.gov. (Choose Immunization in the A-Z Index)



Consent for Administration of Approved Discretionary Medications

Name _____ Date of Birth _____

Medication Allergies/Sensitivities _____

I hereby give permission for my child _____ to receive any medication listed below on this form as deemed necessary. I have checked those medications I wish to be made available to my child. I understand that generic equivalent medications will be used in place of more expensive brand-name items.

Please check any medication(s) you wish to be made available to your child

For Headache/Fever/Earache/ Muscle Aches/Pain/Menstrual Cramps

- Acetaminophen
(like: Tylenol)
- Ibuprofen
(like: Advil)

For Upset Stomach

- Chewable Antacid Tablets
(like: Tums)

For Mild Allergic Reactions

- Diphenhydramine
(like: Benadryl)

For Sore Throat/Cough

- Throat Lozenges

- I do not want any medication given to my child.

I understand that the above medications I have checked will be administered by the Camp Open Arms medical staff.

Signature of Parent/Guardian

Date



Medication Authorization Form

Directions: Complete **one form for each medication** administered at camp. Return form with medication to camp on your camper's first day.

CAMPER INFORMATION	
Camper Name	Date of Birth
MEDICATION INFORMATION	
Medication Name	<input type="checkbox"/> prescription <input type="checkbox"/> non-prescription
When to Give	Dates to Administer _____ to _____ Start End
Expiration Date	
Purpose of Medication	Side Effects
DOSAGE INFORMATION	
Dosage	Prior to August 18th, has camper received a dosage of this medication? <input type="checkbox"/> Yes <input type="checkbox"/> No – cannot accept
<i>For non-prescription only</i> Will more than one dose be given per day/illness? <input type="checkbox"/> No <input type="checkbox"/> Yes – health practitioner's signature required, except acetaminophen or topical	
Is dosage in accordance with package instructions? <input type="checkbox"/> Yes <input type="checkbox"/> No – health practitioner's signature required	
PACKAGING INFORMATION	
<i>For prescriptions only</i> Is medication in original container with intact pharmacy label? Must include directions, dosage, child's name and expiration date <input type="checkbox"/> Yes <input type="checkbox"/> No – cannot accept	
<i>For non-prescriptions only</i> Is medication in original packaging with directions and dosage? <input type="checkbox"/> Yes <input type="checkbox"/> No – cannot accept	

WAIVER		
I grant Camp Open Arms permission to administer the above medication as outlined.		
_____		_____
PARENT/GUARDIAN SIGNATURE		DATE
_____		_____
PARENT/GUARDIAN SIGNATURE		DATE
CAMP USE ONLY		
<i>Check-In</i>		
<ol style="list-style-type: none"> 1. Verify above information – complete and correct 2. Put medication and form in baggie, label 3. Put baggie in Med Box 4. Update Medical Alert Chart 		
_____		_____
STAFF NAME		DATE
<i>Check-Out</i>		
Date Last Dose Given	Medication has been: <input type="checkbox"/> Returned to Parent Date _____ <input type="checkbox"/> Destroyed Date _____	Staff Name & Date