



# ANCESTRAL KNOWLEDGE



## PASSING ON ANCIENT LIFE WAYS

P.O. Box 6 • Brentwood, MD 20722 • Phone: (240) 832-5435 • [www.ancestralknowledge.org](http://www.ancestralknowledge.org)

### CAMPER HEALTH HISTORY

**The following information is required for a camper to be admitted to day camp:**

Child's name \_\_\_\_\_ DOB: \_\_\_\_\_

### CONTACT INFORMATION:

Parent or Legal Guardian: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Person: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Camper's Physician: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### CAMPER IMMUNIZATION INFORMATION

**All campers must be current on all immunizations, see [www.EDCP.org](http://www.EDCP.org) (Immunization).**

2. Is the camper currently enrolled in a Maryland school, public or private?

YES, provide name of Maryland school: \_\_\_\_\_

NO, provide a copy of immunizations confirming that the child has received all immunizations as required by the Maryland DHMH Recommended Childhood Immunization Schedule. See [www.EDCP.org](http://www.EDCP.org) (Immunization) for information.

3. Is the camper exempt from any immunization on medical or religious grounds?

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

**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: Continue on back if not enough room

My child has no health information to provide

---

---

---

---

---

---

Parent or Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_