



Summertime Camp Regulations and Policies - 2025

Welcome to Summer Camp!

We are thrilled to have your child join us for some *Summertime* fun at Good Shepherd School. Please thoroughly review these *Camp Regulations and Policies*. Be sure to sign below and submit the bottom portion with your other camp forms. Your signature is required by the Maryland State Department of Education (MSDE) before your child may attend camp. Thank you.

PLEASE NOTE:

- GSS is a nut-free environment. Therefore, please do not pack nut products of any kind in your child's lunch. Be sure to alert sitters or grandparents, who may only pack your child's lunch occasionally, of this policy.
- Children must be potty-trained. Sorry, no Pull-ups.
- Please apply waterproof sunscreen to your child before camp in the morning, even if the day appears cloudy. Per MSDE, we must have written request to apply additional sunscreen to your child. Only sunscreen provided by the child's parent/guardian may be used.
- Sprinklers and water tables will be used during camp.
- Freeze Pops will be enjoyed as a snack on camp days.

ARRIVAL/DISMISSAL:

- Camp doors open promptly at 8:45 a.m. Dismissal will begin at 12:20.
- Children must be signed in upon arrival and signed out at dismissal.
- All children will be walked down to camp by their parent/caregiver.
- Parking may be limited so please return promptly to your cars after walking your child down.
- If someone other than a parent or authorized person, as designated on the Emergency Form, will be picking up your child, please provide written permission or send an email to the camp directors at campdirector@goodshepherdrupton.org

EVERY DAY, PLEASE PROVIDE YOUR CHILD WITH:

- A lunch (All food must be nut-free.) Please label sandwiches that look like they may contain peanut butter as "peanut free." Lunches will be stored in refrigerators or coolers. *Please label lunch box with child's name.*
- A water bottle – *please label with child's name.*
- Water shoes – to be worn to camp.
- A bathing suit: Please make sure your child wears a bathing suit under his/her clothing each day. For girls, a two-piece bathing suit is required for ease in using the bathroom.
- A towel: Towels will remain at camp Monday through Friday. *Please label all towels with child's name.*

If you have any questions or need more clarification, please contact the office at 410-825-7139 or email Camp Director Lynn Riley at campdirector@goodshepherdrupton.org.

Please sign and return the bottom portion and keep the upper portion for your reference. All children can be listed on one form.



****I have read the above and agree to follow all camp regulations and policies.***

Signature of Parent/Guardian: _____

Child's Name: _____ Date: _____

Child's Name: _____ Date: _____



2025 Summertime Camp Health Form

Child's Name: _____

Please check "YES" or "NO" for the following questions. Provide explanations for EACH "YES" ANSWER in the EXPLANATION section below. Include any other helpful information.

	<u>YES</u>	<u>NO</u>
1. I have concerns about my child's general health (eating, sleeping habits, posture, skin, weight, bowel/bladder habits, etc.).	_____	_____
2. My child has an eye and/or vision problem.	_____	_____
3. My child has an ear and/or hearing problem (frequent earaches, difficulty hearing etc.).	_____	_____
4. My child has a speech problem (difficulty being understood, stammers, delayed development, etc.).	_____	_____
5. My child has allergies. If "YES," what is the allergy? _____	_____	_____
6. My child has a specific illness or disability.	_____	_____
7. My child received an evaluation which could help the Camp in meeting his/her health, emotional or educational needs.	_____	_____
8. My child will be physically limited in some camp activities.	_____	_____

Date of my child's last tetanus shot: _____

Medication my child will bring to camp: _____

If medication will be brought to camp, you will be given a separate **medication administration authorization form**.

My child's *Maryland Immunization* form is on file at _____ School.

If not on file in a Maryland school, we must receive a copy before the start of camp.

My child's primary physician is: _____ Phone #: _____

EXPLANATION for any questions above for which you answered "Yes": _____

THE INFORMATION PROVIDED THIS FORM IS TRUE, COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Parent/Guardian: _____ **Date:** _____

CACFP Enrollment: Yes: No:

Meals your child will receive while in care:

BK LN SU AM Snk PM Snk Evng Snk

EMERGENCY FORM

INSTRUCTIONS TO PARENTS:

- (1) Complete all items on this side of the form. Sign and date where indicated. Please mark "N/A" if an item is not applicable.
- (2) If your child has a medical condition which might require emergency medical care, complete the back side of the form. If necessary, have your child's health practitioner review that information.

NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.

Child's Name _____ Birth Date _____
 Last First

Enrollment Date _____ Hours & Days of Expected Attendance _____

Child's Home Address _____
 Street/Apt. # City State Zip Code

Parent/Guardian Name(s)	Relationship	Contact Information		
		Email:	C:	W:
			H:	Employer:
		Email:	C:	W:
			H:	Employer:

Name of Person Authorized to Pick up Child (daily) _____
 Last First Relationship to Child

Address _____
 Street/Apt. # City State Zip Code

Any Changes/Additional Information _____

ANNUAL UPDATES

 (Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date)

When parents/guardians cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:

1. Name _____ Telephone (H) _____ (W) _____
 Last First

Address _____
 Street/Apt. # City State Zip Code

2. Name _____ Telephone (H) _____ (W) _____
 Last First

Address _____
 Street/Apt. # City State Zip Code

3. Name _____ Telephone (H) _____ (W) _____
 Last First

Address _____
 Street/Apt. # City State Zip Code

Child's Physician or Source of Health Care _____ Telephone _____

Address _____
 Street/Apt. # City State Zip Code

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to that hospital.

Signature of Parent/Guardian _____ Date _____

INSTRUCTIONS TO PARENT/GUARDIAN:

- (1) Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.
- (2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name: _____ Date of Birth: _____

Medical Condition(s): _____

Medications currently being taken by your child: _____

Date of your child's last tetanus shot: _____

Allergies/Reactions: _____

EMERGENCY MEDICAL INSTRUCTIONS:

(1) Signs/symptoms to look for: _____

(2) If signs/symptoms appear, do this: _____

(3) To prevent incidents: _____

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED: _____

COMMENTS: _____

Note to Health Practitioner:

If you have reviewed the above information, please complete the following:

Name of Health Practitioner

Date

Signature of Health Practitioner

(_____) _____
Telephone Number