

# Farmer Brown Registration Form

On behalf of Farmer Brown's staff and volunteers we would like to express our excitement for 2022! Please fill out this registration form below along prior to being able to participate in the camp.

Camp Dates: July 25 - 29, 2022

Camp Hours: 8 am – 3:30 pm

Camp Cost: \$350 | Early Bird Registration: \$300

## *Student Information*

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

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

Gender: \_\_\_\_\_

Grade for 2022-23 School Year: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_

Allergies: \_\_\_\_\_

Are there medications your child will have to take while at Farmer Brown's Camp?

(If yes fill out below Medication Authorization Form)

\_\_\_\_\_

Please enclose Registration Form and payment/deposit prior to participation in camp. Checks should be made out to **TLV Tree Farm**.

Please return electronically or mail to:

TLV Tree Farm  
15155 Triadelphia Mill Rd  
Glenelg, MD 21737



**General Photography Release**

I hereby authorize TLV Tree Farm LLC to publish photographs taken of me on July 25-29, 2022, and my name and likeness, for use in the TLV Tree Farm LLC print, on-line and video-based marketing materials, as well as other company publications.

I hereby release and hold harmless TLV Tree Farm LLC from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials of other TLV Tree Farm LLC publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release TLV Tree Farm LLC, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

**Authorization:**

Printed Name: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

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

**CAMPER HEALTH HISTORY**

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

**The following information is required:**

1<sup>st</sup> Emergency Contact  
(Parent or Legal Guardian): \_\_\_\_\_ Phone: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact  
(Other than Parent Above): \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**HEALTH INFORMATION:**

1. Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware?       NO

YES, Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

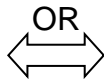
2. Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive?       NO

YES, Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMMUNIZATION INFORMATION:**

For campers who reside **within** the United States, a United States territory, or the District of Columbia:



For campers who reside **outside** the United States, a United States territory, or the District of Columbia:

1. State/territory in which child resides:

\_\_\_\_\_

2. Is this child exempt from any immunizations?       NO

YES, List them: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Country in which child resides:

\_\_\_\_\_

2. Attach Department form DHMH-896 (record of vaccination or immunity)

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

# MEDICATION ADMINISTRATION AUTHORIZATION FORM for Youth Camps in Maryland

Department of Health & Mental Hygiene (DHMH)  
Center for Healthy Homes and Community Services (CHHCS)  
(410) 767-8417 Toll Free 1-877-4MD-DHMH ext. 8417

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-administer medication. A new medication administration form must be completed at the beginning of each camp season, for each medication, 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. Nonprescription medication includes vitamins, homeopathic, and herbal medicines.
- An authorized individual must bring the medication to the camp and give the medication to an adult staff member.

## I. PRESCRIBER'S AUTHORIZATION

1. CHILD'S NAME		2. DATE OF BIRTH ____/____/____ Month Day Year		
3. CONDITION FOR WHICH MEDICATION IS BEING ADMINISTERED:		4. EMERGENCY MEDICATION <input type="checkbox"/> YES <b>-If yes, see Section III below.</b> <input type="checkbox"/> NO		
5. MEDICATION NAME	6. DOSE	7. ROUTE		
8. TIME/FREQUENCY OF ADMINISTRATION		9. IF PRN, FREQUENCY		
10. IF PRN, FOR WHAT SYMPTOMS				
11. KNOWN SIDE EFFECTS SPECIFIC TO CHILD				
12. MEDICATION SHALL BE ADMINISTERED during the year in which this form is dated in 14b below unless more restrictive dates are specified in 12a and 12b. This authorization is <b>NOT TO EXCEED 1 YEAR.</b>		12a. FROM ____/____/____ Month Day Year	12b. TO ____/____/____ Month Day Year	
13. PRESCRIBER'S NAME/TITLE		This space may be used for the Prescriber's Address Stamp		
TELEPHONE	FAX			
ADDRESS				
CITY	STATE			ZIPCODE
14a. <b>PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here)</b> <i>(ORIGINAL SIGNATURE OR SIGNATURE STAMP ONLY)</i>				14b. <b>DATE</b>

## II. PARENT/GUARDIAN AUTHORIZATION

I request the authorized youth camp operator, staff member or volunteer to administer the medication or 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, as listed in 15c below, which may include the child, 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.

15a. PARENT/GUARDIAN SIGNATURE	15b. DATE	15c. INDIVIDUAL(S) AUTHORIZED TO PICK UP MEDICATION
15d. HOME PHONE #	15e. CELL PHONE #	15f. WORK PHONE #

## III. AUTHORIZATION FOR SELF-ADMINISTRATION / SELF-CARRY (OPTIONAL)

**This section should only be completed if this medication is 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 the above listed medication for the child named above under the supervision of the youth camp operator, a designated staff member or volunteer. If indicated below, the child named above may self-carry emergency medication.

16a. <b>PRESCRIBER'S SIGNATURE</b> authorizing self-administration	16b. SELF-CARRY EMERGENCY MEDICATION (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A - Not emergency medication	16c. <b>DATE</b>
17a. PARENT/GUARDIAN'S SIGNATURE authorizing self-administration	17b. SELF-CARRY EMERGENCY MEDICATION (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A - Not emergency medication	17c. <b>DATE</b>