



## Medical Information

***ALL medication, prescription or otherwise, must be clearly labeled with child's name.  
All medication must be in original container or it CANNOT be accepted by state guidelines.***

|   |     |    |  |
|---|-----|----|--|
| Has your child had a Tetanus shot?                | YES | NO | Date of last Tetanus shot: ___/___/___                   |
| May have Tylenol if needed?                       | YES | NO | mm/dd/yyyy   |
| May have Benadryl for life-threatening emergency? | YES | NO | May apply sunscreen? YES NO                              |
| May have Benadryl for allergic reaction?          | YES | NO | Parent will provide _____ sunscreen<br><i>list brand</i> |

|   |  |
|---|--|
| <input type="checkbox"/> My child is not bringing medication. | <input type="checkbox"/> My child takes medication as listed.                |
| My child will be bringing an Epi-Pen YES NO<br>Reason:        | My child will be bringing an Albuterol Inhaler (for PRN or as needed) YES NO |

***Echo Hill requires Epi-Pens and PRN Inhalers to be carried at all times.  
Please provide a fanny/waist pack for carrying.***

| Name of Medication | Approximate Time | Condition/Reason |
|--------------------|------------------|------------------|
| 1.                 |                  |                  |
| 2.                 |                  |                  |
| 3.                 |                  |                  |

## Immunization Information

| <b>For Students Who Reside WITHIN the United States, a U.S. territory or the District of Columbia:</b>                           | <b>For Students who Reside OUTSIDE the United States, a U.S. territory, or the District of Columbia:</b> |
|--|--|
| 1. State/territory in which student resides:   | 1. Country in which student resides:   |
| 2. Is this student exempt from any immunizations?<br><input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, list them: | 2. Attach State of Maryland Form DHMH-896 (record of vaccination or immunity)                            |

### The following box must be completed and signed for your child to attend

This health history is correct so far as I know, and the person herein described has permission to engage in all activity, except as noted by me.

If a serious emergency occurs, it might be necessary for a physician to attend to your child before the Echo Hill Outdoor School staff is able to contact you or your designated physician. Such care can be provided ONLY if you will sign the following AUTHORIZATION FOR MEDICAL TREATMENT:

I hereby give permission to the physician selected by the director of Echo Hill Outdoor School to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above. I understand that the health insurance policy which I carry on my child is the primary policy in case of any illness or injury. Echo Hill Outdoor School carries an excess policy which covers expenses not paid by my primary family insurance, including deductibles and co-pays up to our limit.

I understand that the program my child is participating in may involve specialized activities (boating, canoeing, low and high ropes challenge course.) I give permission for my child to participate in these activities and to be transported by Echo Hill Outdoor School for these activities. I know and understand the inherent risks and dangers involved in the above named activities and I understand that although EHOS will take reasonable precautions, it is impossible to guarantee absolute safety, and that unanticipated dangers might arise. I hereby release EHOS from any responsibility for injury which might occur as a result of participation in EHOS activities.

I give Echo Hill Outdoor School permission to reproduce and publish any photo, picture, video, or likeness of my child for the purpose of enhancing enrollment and/or marketing.

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

Relationship to child \_\_\_\_\_

***A signed, printed copy of this form must accompany your child.***



# TICK AND MOSQUITO INFORMATION

For more information about ticks and mosquitoes, please see the following:

Centers for Disease Control and Prevention ([www.cdc.gov](http://www.cdc.gov))  
Maryland Department of Health and Mental Hygiene ([www.dhmd.state.md.us](http://www.dhmd.state.md.us))

People engaged in outdoor activity are at risk of tick and mosquito bites. If you had a tick bite, live in an area known for Lyme disease or have recently traveled to an area where it occurs ([www.cdc.gov/lyme/stats/index.html](http://www.cdc.gov/lyme/stats/index.html)), and observe any of the symptoms listed below, you should seek medical attention.

## Ticks Can Be Found Throughout Maryland

- The most common ticks in Maryland are the Black-Legged Tick, the American Dog Tick, and the Lone Star Tick.
- Ticks can transmit infectious diseases when they bite you.
- Not every tick bite transmits disease.

- Some ticks are extremely small. The tick that transmits Lyme disease may be smaller than a sesame seed!



## Recognize the Symptoms

- Many tick-borne diseases have similar early symptoms, including fever, headache, fatigue, and possible rash. Signs and symptoms vary.
- Contact your health care provider if you develop any of these symptoms after a tick bite or after being in tick habitat.
- Most cases of tick-borne disease can be cured with antibiotics, especially when treatment is started early.

## Lyme Disease

- Lyme disease is the most common tick-borne disease in Maryland.
- Lyme disease is transmitted by the bite of an infected black-legged tick, which must be attached for at least 24 hours for transmission to occur.

- From three to thirty days after a tick bite, a gradually expanding rash (called erythema migrans) can occur at the site of the bite in 70-80% of infected people. The rash can expand over several days to up to 12 inches and may resemble a bull's eye.



- If untreated, Lyme disease may cause a loss of muscle tone on one or both sides of the face, severe headaches and neck stiffness, shooting pains that can interrupt sleep, heart palpitations, dizziness, and pain that shifts from joint to joint.
- After several months, 60% of untreated patients may develop severe joint pain and swelling, particularly in the knees. Five percent of untreated patients may experience shooting pains, numbness or tingling in the hands or feet, and problems with concentration and short term memory.

# 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 adult 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<br>____/____/____<br>Month Day Year  |   |
| 3. CONDITION FOR WHICH MEDICATION IS BEING ADMINISTERED:  |         | 4. EMERGENCY MEDICATION<br><input type="checkbox"/> YES -If yes, see Section III below. <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<br>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<br>____/____/____<br>Month Day Year   | 12b. TO<br>____/____/____<br>Month Day Year |
| 13. PRESCRIBER'S NAME/TITLE   |         | This space may be used for the Prescriber's Address Stamp   |   |
| TELEPHONE   | FAX     |   |   |
| ADDRESS   |         |   |   |
| CITY  | STATE   |   |   |
| 14a. PRESCRIBER'S SIGNATURE ( <i>Parent/guardian cannot sign here</i> )<br><small>(ORIGINAL SIGNATURE OR SIGNATURE STAMP ONLY)</small>  |         |   | 14b. DATE                                   |

## II. PARENT/GUARDIAN AUTHORIZATION

I request the authorized youth camp operator/staff to administer the medication or supervise the camper in self administration if authorized as prescribed by the above 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 adult must pick up the medication, otherwise it will be discarded. I authorize camp personnel to communicate with the prescriber as allowed by HIPAA.

|                                |                   |                   |
|--------------------------------|-------------------|-------------------|
| 15a. PARENT/GUARDIAN SIGNATURE |                   | 15b. DATE         |
| 15c. HOME PHONE #              | 15d. CELL PHONE # | 15e. 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, insulin 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 consent that the child named above is able to self administer the medication listed. I authorize self administration of the above listed medication for the child named above under the supervision of an authorized youth camp operator/staff member. If indicated below, the child named above may self carry emergency medication.

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



# Directions to Echo Hill Outdoor School

Please be alert to local speed limits

## From Philadelphia

Take 1-95 South to the Elkton, Md. exit, Rt. 279 South (Exit 109A). Follow Rt. 279 South for 2.6 miles to Rt. 213 South. Turn left and follow Rt. 213 to Galena. In Galena be sure to turn right at the traffic light. Continue on Rt. 213 to Rt. 298. Turn right on Rt. 298 (Molly's Mart is at this intersection). Follow Rt. 298 and bear right on Rt. 566 to Still Pond. Go through Still Pond and continue for 2 miles to Still Pond Neck Road (on the left). There should be a sign there directing you toward Coleman. Go for 3 miles until you reach Bloomingneck Road (on the right). This is the entrance to the outdoor school. Bear right onto dirt road and follow into Echo Hill Outdoor School campus. Please note that the speed limit on the dirt road is 15mph. Follow signs to either bus parking or school office.

## From Washington

Take Rt. 50 past Annapolis and across the Chesapeake Bay Bridge. Follow Rt. 50 to junction of Rt. 301; stay on Rt. 301 to 213. Take Rt. 213 North through Centreville and Chestertown to Rt. 297. Turn left at Rt. 297 and continue to Rt. 298. Turn right at Rt. 298. Turn left onto Coopers Lane. Turn right onto Still Pond Creek Road. Go over the little bridge and bear left. Continue to stop sign. Turn left onto Still Pond Neck Road. Follow until Bloomingneck Road (on the right). This is the entrance to the outdoor school. Bear right onto dirt road and follow into Echo Hill Outdoor School campus. Please note that the speed limit on the dirt road is 15mph. Follow signs to either bus parking or school office.

