



ECHO HILL OUTDOOR SCHOOL

13655 Bloomingneck Rd
Worton, MD 21678
410-348-5880
www.ehos.org

Amount Paid _____
Check Number _____

Date Paid _____

Dear _____

You are signed up for the following program dates: _____

Welcome to Middle Explorers!

Please complete the enclosed Health and Registration Form and bring it with you on your first day. Adults who choose to attend the overnight must fill out the Adult Participant Health and Registration Form. Please note: Maryland State regulations now require that all medications (prescription and non-prescription) have physician and parent authorization with signatures. A Medication Authorization Form must be completed for each medication and signed by both parent and doctor.

*Please prepare for the outdoors with the following **daily** items:*

- Change of clothes
- Small water bottle
- Swimsuit and Towel
- Sunscreen and Insect Repellent applied prior to arrival*
- Tall rain boots with long socks for Swamp Day
- Rain gear
- Hat

For the overnight, please also bring the following:

- Sleeping bag and pillow
- Flashlight
- Toiletries (toothbrush/paste, hairbrush, etc)
- Pajamas
- Clean clothes

A snack and lunch will be provided each day. We will also provide dinner during the overnight stay as well as breakfast the next morning.

Middle Explorers daily arrival is flexible from 8:30-9:00 am; pick up is 3:00 pm

The schedule and drop off locations are as follows:

- Day One Echo Hill Outdoor School
- Day Two River Day – meet at Still Pond Coast Guard Station (Directions given Day 1)
- Day Three Overnight at Echo Hill Outdoor School – Adults may join us at 5:30 pm
- Day Four Echo Hill Outdoor School

See you this summer!

Pat Bjorke, Middle Explorers Registrar

Questions? 410-348-5880

**Recommendations regarding tick prevention can be found at www.dhmh.maryland.gov*

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 <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 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

For Students Who Reside WITHIN the United States, a U.S. territory or the District of Columbia:	For Students who Reside OUTSIDE the United States, a U.S. territory, or the District of Columbia:
1. State/territory in which student resides:	1. Country in which student resides:
2. Is this student exempt from any immunizations? <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 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.



ECHO HILL OUTDOOR SCHOOL

Adult Participant Health and Registration Form

Please print clearly and complete all questions

Attending Group/School Name:	Dates of Attendance:
Your Name:	Sex: Age: Date of Birth:
Home Address:	Person to call in emergency: Phone:
City: State: Zipcode:	Name of Your Physician: Phone:
Home Phone: Cell Phone:	Name of Your Medical Insurance:
E-mail:	Policy Number:

Health Information

Please circle Yes or No. If Yes please provide details; use separate page if necessary

1. Do you know of any health factor that makes it advisable for you to follow a limited program of physical activity while at the Outdoor School? YES NO Limitations: _____
 - Recent surgery or illness: YES NO Date: _____ Details: _____
 - Recent broken bones or sprains: YES NO Date: _____ Details: _____
 - Asthma, heart condition, diabetes, seizure: YES NO Date: _____ Details: _____
 - Other physical, behavioral or emotional conditions: YES NO Date: _____ Details: _____
 - Allergies to Medications: YES NO Date: _____ Details: _____
 - Environmental allergies (bee stings, hayfever, etc.): YES NO Details: _____
2. Have you been exposed to a communicable disease within the past 21 days? YES NO Date: _____
If so, what disease? _____
3. If you are pregnant, do you have physician approval to participate in Adventure/Challenge Course activities at Outdoor School? YES NO **Please attach a copy of approval on physician's letterhead.**
4. Date of last Tetanus shot: ___/___/_____ (mm/dd/yyyy)
5. Current medications (*Please bring instructions*): _____

Authorization for Medical Treatment & Assumption of Personal Responsibility

This health history is correct so far as I know. I understand that participation in EHOS programs is entirely voluntary. I understand that the EHOS program may involve: boating (by canoe, sail and/or motor), swimming, hiking, fishing and/or activities that involve periods of physical exertion, balancing, lifting, pushing, pulling and climbing. I know and understand the inherent risks and dangers involved in the above named activities and recognize that at EHOS most activities will be outdoors where I will need to watch for slippery and/or uneven footing, limbs and branches, animals and possible exposure to extreme weather. 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 permission to authorize personnel to carry out such emergency diagnostic and therapeutic procedures as may be necessary for me, and also permit such treatment procedures to be carried out at, and by the local hospital(s) for me in the event of an emergency. I understand that the health insurance policy which I carry 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 insurance, including deductibles and co-pays up to our limit. I understand and accept my responsibility to comply with all instructions and guidelines given by EHOS staff. I also agree to inform EHOS staff if, at any time, I have a medical or psychological problem that might affect the safe conduct of the program. I give Echo Hill Outdoor School permission to reproduce and publish any photo, picture, video, or likeness of me for the purpose of enhancing enrollment and/or marketing.

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 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 ____/____/____ Month Day Year	
3. CONDITION FOR WHICH MEDICATION IS BEING ADMINISTERED:		4. EMERGENCY MEDICATION <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 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 NOT TO EXCEED 1 YEAR.		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		
14a. PRESCRIBER'S SIGNATURE (<i>Parent/guardian cannot sign here</i>) <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 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. DATE
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. DATE

TICK AND MOSQUITO INFORMATION

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

Centers for Disease Control and Prevention (www.cdc.gov)
Maryland Department of Health and Mental Hygiene (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), 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.

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.

