



# PARTICIPANT EMERGENCY INFORMATION



**\*\*Please mail completed form to Sanctuary address or e-mail to [torpbade44@aacounty.org](mailto:torpbade44@aacounty.org) by July 6**

Jug Bay Wetlands Sanctuary  
1361 Wrighton Road,  
Lothian, MD 20711  
(p) 410-741-9330  
(f) 410-741-9346

## Jug Bay Wetlands Sanctuary Camp

Name of Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade as of 8/14: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ 2nd Emergency Contact \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Does your child have any conditions we should be aware of including medical, psychological or behavioral conditions, medications, dietary restrictions, allergies, or special needs? Explain:

\_\_\_\_\_

Date of last tetanus? \_\_\_\_\_

Child's Primary Provider of Medical Care: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Provider of Dental Care: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child attend a Maryland Public or Private school? **Yes**, School Name \_\_\_\_\_

If **No**, please attach a copy of their immunization record.

Is your child exempt from any immunizations for medical or religious reasons? \_\_\_\_\_ Yes \_\_\_\_\_ No

If **Yes**, provide a signed copy of the Maryland Department of Health & Mental Hygiene Immunization Certificate from a licensed physician stating that the immunization is medically contraindicated or the parent/guardian indicating that they object to immunizations for religious reasons.

Persons Authorized to pick your child up from the program/bus stop (must be over the age or 13):

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

Please complete and sign on next page.

# PARTICIPANT EMERGENCY INFORMATION

I give my permission for \_\_\_\_\_ to participate in all phases of the Jug Bay Wetlands Sanctuary program indicated above. This includes canoeing, hiking, swimming, nature studies, and overnight camping. In consideration of the Dept of Recreation & Parks accepting my child(ren) in their programs, I agree to release & discharge Anne Arundel County, its employees and agents from any injuries sustained as a result of participation in this program. I agree to indemnify and hold harmless Anne Arundel County, its employees and agents against any liability incurred as a result of such injury or loss. It is understood and agreed that Anne Arundel County, its employees and agents cannot be responsible for any aggravation or injury caused as a result of a pre-existing condition, including but not limited to allergies. AACo Recreation & Parks will be notified of any such conditions in writing prior to attending any programs.

**\*Participant may at some time be photographed for use by Anne Arundel County for publicity purposes.**

PARENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_