Applicants accepted on a FIRST-COME, First Serve BASIS

Nyumburu Cultural Center

CAMP SHULE

Summer 2015

June 22, 2015 to August 14, 2015. (8 weeks)

(Based on the last day of Prince George’s County Maryland Public Schools)

Registration will stay open until all slots are full.

FULL time Campers accepted First. We cannot hold spots. They are available on a first-come, first serve basis. If the Camp is full, you are welcome to email us to place your name on our waiting list at carswell@umd.edu.

(The information pages are A, & B. Application below)

Camp Daily Schedule for 2015 is attached.

Nyumburu Camp Shule (Shule-Swahili word meaning “School”).
Camp Shule combines fun, friendships, and adventure of camp with the excitement of intellectual inquiry and discovery. Participants: Coeducational, and five divisions:

Each grade will have a separate classroom. Except 9th, 10th, 11th and 12th grades.

**Pathfinders**
- Warriors
- Trailblazers
- Explorers
- Navigators

**Pre-K, K, & 1st**
- 2nd, & 3rd
- 4th & 5th
- 6th, & 7th
- 8th, 9th, 10th, 11th, & 12th

**Graders**

**BACKGROUND AND PHILOSOPHY**
Camp Shule provides an opportunity for youth to explore academic, artistic, and athletic interests in a relaxed and creative environment. Camp Shule encourages a life-long, love-of-learning with a combination of the best aspects of traditional camps—close friendships, activities, and adventure—with an element of intellectual inquiry and exploration. Camp Shule is based on the fundamental belief that children are good decision makers, and make choices about their daily schedules which builds self-confidence, independence and maturity.

**PROGRAM OFFERINGS**
Academic courses: **Reading, Math/ Writing and Vocabulary** (Monday, Wednesday & Friday).
Enrichment courses offer “hands on workshops in a variety of subjects. Mini-courses are designed to enhance academic skills, and stimulate Campers abilities in a fun-setting environment. All of these courses offer skill based instruction in a variety of areas.

**Field Trips and Mini Workshops** (Tuesday’s and Thursday’s).
Mini Workshops include: Public Speaking, Drama, Music, Stepping, Etiquette, Sports Workshops, Computer skills and Science projects. **Arts and Craft** are offered for Kindergarten through 4th grade. **Workshops subject to change.**

Please fax applications to: Anne Reese Carswell, Camp Director (301) 314-0383- FAX
You may call (301) 314-7759 or e-mail carswell@umd.edu for a faster response.

A.
Nyumburu Cultural Center / Camp Shule

Summer 2015

DAILY SCHEDULE

See Daily Schedule attached

Celebrating 18 Years of CAMP SHULE 1998-2015

Meals

Nyumburu Cultural Center / Camp Shule will not be responsible for providing lunches or snacks for campers. Campers may bring their lunch and/or purchase their meals from the food court in the Stamp Student Union. Campers may bring their breakfast to eat prior to 9:00am.

Nyumburu- CAMP SHULE Important Information:

1. Although forms can be faxed you must send or bring in the original.

2. Appropriate ID must be shown to pick-up Campers. Parents or others who are picking-up Campers are required to have their names on the Pick-Up Form.

3. Total for Camp Shule $800.00 for 8 weeks plus $100.00 registration fee = $900.00
   Registration fee non-refundable. Lunch and Snack not included.

4. Total for Camp Shule $700.00 for 7 weeks plus $100.00 registration fee = $800.00
   Registration fee non-refundable. Lunch and Snack not included.

5. Total for Camp Shule $600.00 for 6 weeks plus $100.00 registration fee = $700.00
   Registration fee non-refundable. Lunch and Snack not included.

6. Out of state Campers can do weekly $100.00 tuition fee and $100.00 application fee = $200.00
   (Limited number). Registration fee non-refundable. Lunch and Snack not included.

Payment Methods: Money Order, Cashiers Check, Credit card is available on line - see link.

   No Personal Checks after May 1, 2015.

Mail to: Nyumburu CAMP SHULE Suite 1120 – Bldg.#232 University of Maryland, College Park, Maryland 20742

7. You can start immediately making Tuition payments, make payable to UNIVERSITY OF MARYLAND. Full payment must be completed by Friday, May 1, 2015.

Refund policy:

Refunds will be reimbursed according to University policies. No refunds after May 5, 2015 without a medical reason.

See Application Below

B.
# Camp Shule 2015

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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</thead>
<tbody>
<tr>
<td>Before Hours</td>
<td>Computers, Games, Movie</td>
<td>Computers, Games, Movie</td>
<td>Computers, Games, Movie</td>
<td>Computers, Games, Movie</td>
<td>Computers, Games, Movie</td>
</tr>
<tr>
<td>9:00 am – 9:20 am</td>
<td>Morning Affirmation Poems B-Day Acknowledgements Lift Every Voice &amp; Sing</td>
<td>Morning Affirmation Poems B-Day Acknowledgements Lift Every Voice &amp; Sing</td>
<td>Morning Affirmation Poems B-Day Acknowledgements Lift Every Voice &amp; Sing</td>
<td>Morning Affirmation Poems B-Day Acknowledgements Lift Every Voice &amp; Sing</td>
<td>Morning Affirmation Poems B-Day Acknowledgements Lift Every Voice &amp; Sing</td>
</tr>
<tr>
<td>Period One:</td>
<td>Math FIELD TRIP DAY Workshops: Spanish, Music, Science, Arts Crafts, etc.</td>
<td>Math</td>
<td>Math</td>
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<tr>
<td>9:25 am – 10:05 am</td>
<td>Reading/Writing</td>
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<tr>
<td>Period Two:</td>
<td>Vocabulary Opening</td>
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<tr>
<td>10:10 am – 10:50 am</td>
<td>Reading/Writing</td>
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<td>Period Three:</td>
<td>Vocabulary Opening</td>
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<td>10:55 am – 11:35 am</td>
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<td>11:40 am – 11:50 am</td>
<td>Bathroom Break</td>
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<tr>
<td>12:00 pm – 12:45 pm</td>
<td>Lunch</td>
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<td>Lunch</td>
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<tr>
<td>12:45 pm – 12:55 pm</td>
<td>Bathroom Break</td>
<td>Bathroom Break</td>
<td>Bathroom Break</td>
<td>Bathroom Break</td>
<td>Bathroom Break</td>
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<tr>
<td>1:00 pm – 2:30 pm</td>
<td>Outdoor Recreation Field Trip/ Workshops</td>
<td>Outdoor Recreation Water/Snack Workshops</td>
<td>Outdoor Recreation Water/Snack Workshops</td>
<td>Outdoor Recreation Water/Snack Workshops</td>
<td>Outdoor Recreation Water/Snack Workshops</td>
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<tr>
<td>2:35 pm – 2:55 pm</td>
<td>Water/Snack Workshops</td>
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<tr>
<td>3:00 pm – 3:55 pm</td>
<td>Workshops</td>
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<td></td>
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<tr>
<td>After Hours</td>
<td>Computers, Stepping, Movie, Games, Reflective Writing, Exercise Stepping 4:00 pm-5:00 pm Game time 5pm to 6pm</td>
<td>Computers, Stepping, Movie, Games, Reflective Writing, Exercise Stepping 4:00 pm-5:00 pm Game time 5pm to 6pm</td>
<td>Computers, Stepping, Movie, Games, Reflective Writing, Exercise Stepping 4:00 pm-5:00 pm Game time 5pm to 6pm</td>
<td>Computers, Stepping, Movie, Games, Reflective Writing, Exercise Stepping 4:00 pm-5:00 pm Game time 5pm to 6pm</td>
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</tr>
</tbody>
</table>

**Pathfinders-K-1st**  
**Warriors-2nd-3rd**  
**Explorers-6th-7th**  
**Navigators -8th – 9th -10th-11th & 12th**  
**Trailblazers-4th -5th**

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Special Note for Field Trip days (Tuesdays and Thursdays):  
~~Workshop schedule will flex depending on time of departure for field trips.~~  
**Some workshops subject to change**

All students must bring a bagged lunch and wear their Camp Shule T-Shirt on Field Trips Days.  
**Do Not** leave messages on these numbers.
CAMPER PROFILE FORM

Camper Information
Camper's Full Name: ________________________________________________
Camper's Full Address: ______________________________________________

Age at start of camp: _____ yr _____ mo. Grade entering Fall 2015: _______
Camper T-shirt Size (Youth S, M, L or Adult S): ____________________________
Height: ___________ Weight: ___________ Date of Birth: _______________

Parent Information
Parent/Guardian #1 Name: _____________________________________________
Phone Number (emergency): ___________________________________________

Parent/Guardian #2 Name: _____________________________________________
Phone Number (emergency): ___________________________________________
Daytime/Emergency email address: ______________________________________

Medical Insurance Information
Carrier: _____________________________________________________________
Phone Number: ____________________ ID/POLICY Number_________________

Health: Please indicate any of the following that apply to your child

☐ Allergy to a medicine, food, animal, or insect toxin
☐ Any condition that may require special care, medication, or diet
☐ ADHD (Attention Deficit Hyperactive Disorder)
☐ Asthma
☐ Seizures
☐ Heart trouble
☐ Contact lenses
☐ Diabetes
☐ Fainting spells
☐ Bleeding disorders
☐ Dentures
☐ Other

Please explain all of the items checked above (use the rear of this page if needed):
____________________________________________________________________
____________________________________________________________________

If your child will need to take medications during the day, please contact Anne Reese Carswell at carswell@umd.edu for additional required forms. These must be submitted at the same time all other required camps forms are due.

In case of emergency or illness of my child, I acknowledge every effort will be made to contact the parents or guardians. In the event that contact cannot be made, I hereby grant permission for physicians, dentists, or other licensed health care providers and their designees to administer outpatient medical, surgical, or dental services as appropriate; or administer necessary antigens or other injections; to perform emergency procedures as necessary; or to refer to duly licensed medical personnel when indicated.

Parent/Guardian Signature: __________________________ Date: ___________
Emergency Contact / Camper Pick-up:

- Parents/guardians listed on the Camper Profile form **DO NOT** need to be listed below.
- Failure to update your records may result in a delay in the release of your camper to you.
- If you need to have anyone other than a parent/guardian pick-up your child, a completed and signed Pick-up/Release Authorization Form must be submitted to the Nyumburu CAMP SHULE prior to the camper’s departure from camp.
- Phone messages and notes provided by the pick-up person at the pick-up point will not be accepted.
- For your child’s protection we will not make exceptions to this policy.
- Please, only one camper per form. Please complete additional forms for additional campers.

**Authorized Person(s) for Pick Up:**
As legal, custodial parent/guardian of (camper’s full name) ________________________________.

I (parent/guardian name), ________________________________, give the following individuals my permission to pick-up my child:

<table>
<thead>
<tr>
<th>PICK-UP AUTHORIZED PERSON</th>
<th>EMERGENCY CONTACT?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ______________________</td>
<td>YES     NO</td>
</tr>
<tr>
<td>Full Name / Phone ( )</td>
<td></td>
</tr>
<tr>
<td>2. ______________________</td>
<td>YES     NO</td>
</tr>
<tr>
<td>Full Name / Phone ( )</td>
<td></td>
</tr>
<tr>
<td>3. ______________________</td>
<td>YES     NO</td>
</tr>
<tr>
<td>Full Name / Phone ( )</td>
<td></td>
</tr>
<tr>
<td>4. ______________________</td>
<td>YES     NO</td>
</tr>
<tr>
<td>Full Name / Phone ( )</td>
<td></td>
</tr>
<tr>
<td>5. ______________________</td>
<td>YES     NO</td>
</tr>
<tr>
<td>Full Name / Phone ( )</td>
<td></td>
</tr>
</tbody>
</table>

I understand that neither **CAMP SHULE** nor any of its representatives can be held responsible for my child once they are under the supervision of the individual listed above. For the safety of the camper, **CAMP SHULE representatives** may ask the individual listed above to verify their identity by showing an official picture ID (State Driver’s License, ID card, current passport, etc.) prior to releasing the camper.

**Legal Custodial Parent/Guardian Signature:** __________________  **Date:** __________

**Un- Authorized Person for Pick Up:**

PLEASE as an additional safety measure, please notify **Nyumburu CAMP SHULE** in writing if there is someone who should not be allowed to pick-up you child. If an individual is not permitted to pick-up you camper, a copy of the court order must be forwarded to **Nyumburu CAMP SHULE** attention.

The following are legally restricted from picking up my child. A copy of a court order is enclosed:

Name: ________________________________

Relationship: ________________________________

**Legal Custodial Parent/Guardian Signature:** __________________  **Date:** __________
University of Maryland, College Park
Nyumburu CAMP SHULE
Field Trip Consent and Release

In consideration of being permitted to participate in any way in the Field Trip to __________________________ (hereinafter the “Activity”) on _______________ with the University of Maryland, College Park ____________________ (hereinafter the “UMCP”), I voluntarily agree to indemnify, release and hold harmless the State of Maryland, the University and its officers, agents, employees and volunteers from any and all costs, liabilities, expenses, claims, compensation, demands, causes of action on account of any loss or personal injury to me that might result from my volunteer participation with the University, whether arising through my own negligence, omission, default or that of UMCP.

I understand that my participation is voluntary.

As with any activity, there are certain inherent and unforeseen risks and losses that cannot be prevented. Should I require emergency medical treatment as a result of illness, injury or accident (including death), arising from the Activity, I consent to such treatment. I will notify the University in writing if I have any medical conditions (e.g., allergies, asthma, epilepsy, bee sting reactions, etc.) that may limit the extent of my physical abilities/participation and about which emergency personnel should be informed.

I give my consent and permission for, and waive and assign, any and all rights to any photographs or videotapes (“recordings”) taken by the UMCP during the Field Trip. As exclusive owner of such recordings, the UMCP shall have the sole and exclusive right to display and/or reproduce these recordings, and any copies made thereof.

I have read and signed this document with full knowledge of its significance. I further state that I am either 18 years of age or older and competent to sign this Consent and Release, or that I have discussed this with my parents/legal guardian, who by their signature below agree with my decision to participate in the Activity and to all of the terms and conditions stated above.

Name of Participant (Print): __________________________

Signature of Participant: __________________________

Signature of Parent/Guardian: __________________________
(If Participant is under 18)

Date: __________________________
Dear Parents/Guardians,

Please read the following regarding the use and application of sunscreen at University of Maryland Camp Programs. The below authorization is to be completed and submitted along with all other University of Maryland Camp Programs Required Forms. Please include one form per camper. If the brand of sunscreen or SPF level changes at any time, a new form needs to be submitted.

University of Maryland Camp Programs Sunscreen Policy

The Maryland Department of Health and Mental Hygiene has adopted a new policy regarding the use of sunscreen at youth camps. In order to operate a camp in the state of Maryland, we must abide by the policy as outlined below. Thank you.

1. University of Maryland Camp Programs must obtain written permission from a parent/guardian regarding use and application of sunscreen (see form below).

2. Sunscreen must be clearly labeled with the individual child’s name and must be submitted to University of Maryland Camp Programs staff at check in along with the Authorization Form the Monday morning of each session.

3. Campers should, in most instances, apply sunscreen on their own. If assistance is needed, it will be provided by camp staff ONLY if authorized (see below).

4. Campers need to have sunscreen applied to them by the parent/guardian before arriving at camp.

University of Maryland Camp Programs SUNSCREEN AUTHORIZATION FORM (7/2013)

Camper Name (printed): __________________________________________________________

Brand of sunscreen:_____________________________ SPF: _______ Expiration Date: ________

Brand of sunscreen:_____________________________ SPF: _______ Expiration Date: ________

I give permission for the University of Maryland Camp Programs staff to assist in applying sunscreen to my child. I understand that this may require the staff member to touch my child’s face, shoulders, back, arms, and lower legs. Sunscreen will be applied in the presence of other staff members. I understand that staff will not apply sunscreen to my child’s front torso or upper legs, but will assist and/or direct the child to do so.

In the event a camper does not bring sunscreen to camp and conditions warrant its use, by my signature below I authorize University of Maryland Camp Programs Staff to use emergency camp supplies of sunscreen. I also understand that repeated use of camp sunscreen may result in an additional charge to camp fees.

Parent/Guardian Signature:__________________________________________ Date:__________

Printed Name :_____________________________________________________

OR

I DO NOT give permission for _________________ Camp staff to assist in applying sunscreen to my child.

Parent/Guardian Signature:__________________________________________ Date:__________

Printed Name :_____________________________________________________
In consideration of the University of Maryland's (UMD) acceptance of my minor child for participation in a University recognized Day Camp Program, including the use of University facilities and equipment, I, on behalf of said minor child and myself, our heirs, personal representative(s) and assigns hereby represent and agree as follows:

1. I acknowledge that I have been provided with information regarding the UMD, including its activities, policies, and procedures. I understand that the camp program includes various recreational and adventure activities, sports, and swimming, as well as the CRS rock climbing wall and ropes challenge course. NOTE: The CRS rock climbing wall and ropes challenge course consist of a number of activity elements that range from 2 feet to over 50 feet off the ground, including a 50’ high ropes alpine tower, a 55’ climbing wall, and a giant swing. Participation in climbing wall and challenge course activities is limited to children who are big enough to fit into the required safety equipment (harness and helmet). Alternative adventure activities will be provided for children who do not participate in the climbing wall and challenge course.

2. I understand and agree that my child must abide by all rules, regulations, expectations and standards of conduct applicable to participation in the UMD Camp Program. I further understand and agree that the University of MD reserves the right to suspend, limit or terminate my child’s participation in any activity, or in the UMD Program if, in the sole discretion of UMD staff, my child’s conduct or actions do not conform to said rules, regulations, expectations, and standards of conduct or are otherwise dangerous, destructive, or disruptive.

3. I understand that the UMD Camp Program requires a minimum level of fitness and skill for safe participation. I also understand that the UMD advises that participants in their Camp Programs have a physical examination to determine their fitness for participation. I further understand that the UMD does NOT provide medical, health or other insurance for participants in the UMD Camp Programs.

4. Should my child require first aid or emergency treatment as a result of illness or injury associated with participation in the UMD Camp Program, I consent to such first aid or treatment.

5. I fully recognize and understand that there are risks and hazards, both minor and serious, associated with participation in the UMD Camp Program and/or use of other university facilities and equipment, including, but not limited to: cuts, scrapes, bruises, broken bones, muscle strains, pulls or tears, other bodily injuries, spinal injuries, heat prostration, brain damage, blindness, deafness, drowning, heart attacks, temporary or permanent disabilities, paralysis and, even, death.

6. Knowing the dangers, hazards and risks associated with participation in the UMD Camp Program, and with sufficient knowledge of my child’s physical condition(s) and limitations, if any, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to person or property which my child may, in any way sustain in connection with his/her participation in the UMD Camp Program.

7. To the fullest extent permitted by law, I hereby release and forever discharge, and agree not to sue and to indemnify and hold harmless, the State of Maryland, the UMD, and their officers, agents, employees and volunteers from and against any and all liabilities, claims, demands and causes of action of any kind on account of any loss, damage, illness or injury to person or property in any way arising out of or relating to my child’s participation in the UMD Camp Program and/or use of CRS or other university equipment or facilities, whether due to the negligence, default or other action or inaction of any person or entity.

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ AND FULLY UNDERSTAND THIS RELEASE AND INFORMED CONSENT FORM, AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

__________________________________________
Signature of Parent/Guardian Having Care and Custody of Participating Child

____________________ 
Date

__________________________________________
Printed Name of Parent/Guardian

____________________ 
Date

__________________________________________
Printed name of Participating Child
MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE IMMUNIZATION CERTIFICATE

CHILD’S NAME__________________________________________________________

LAST FIRST MI

SEX: MALE □ FEMALE □

BIRTHDATE___________ / _________ /________

COUNTY _________________________________ SCHOOL________________________ GRADE_______

PARENT NAME ______________________________________ PHONE NO. _____________________________

OR

GUARDIAN ADDRESS ______________________________________ CITY ______________________ ZIP________

To the best of my knowledge, the vaccines listed above were administered as indicated. Clinic / Office Name

Office Address/ Phone Number

1. _____________________________________________________________________________

Signature Title Date

(Medical provider, local health department official, school official, or child care provider only)

2. _____________________________________________________________________________

Signature Title Date

3. _____________________________________________________________________________

Signature Title Date

Lines 2 and 3 are for certification of vaccines given after the initial signature.

RECORD OF IMMUNIZATIONS (See Notes On Other Side)

<table>
<thead>
<tr>
<th>Dose #</th>
<th>DTP-DTaP-DT</th>
<th>Polio</th>
<th>Hib</th>
<th>Hep B</th>
<th>PCV</th>
<th>Rotavirus</th>
<th>MCV</th>
<th>HPV</th>
<th>Dose #</th>
<th>Hep A</th>
<th>MMR</th>
<th>Varicella</th>
<th>History of Varicella Disease</th>
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To the best of my knowledge, the vaccines listed above were administered as indicated.

Clinic / Office Name

Office Address/ Phone Number

LOST OR DESTROYED RECORDS: (Must be reviewed and approved by a medical provider or the local health department. See notes)

I hereby certify that the immunization records of this child have been lost, destroyed or are unobtainable.

Signed: _________________________________________________________________ Date: ______________________

Parent or Guardian

COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM IMMUNIZATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY IMMUNIZATIONS THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.

MEDICAL CONTRAINDICATION:

The above child has a valid medical contraindication to being immunized at this time.

This is a □ permanent condition □ temporary condition until ______/_______/_______

Check appropriate box, indicate vaccine(s) and reasons: ____________________________________________________

Signed: ____________________________ Date: ____________________________

Medical Provider / LHD Official

RELIGIOUS OBJECTION:

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any immunizations being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Signed: ____________________________ Date: ____________________________
How To Use This Form

The medical provider that gave the vaccinations may record the dates directly on this form (check marks are not acceptable) and certify them by signing the signature section. Combination vaccines should be listed individually, per each component of the vaccine. A different medical provider, local health department official, school official, or child care provider may transcribe onto this form and certify vaccination dates from any other record which has the authentication of a medical provider, health department, school, or child care service.

Only a medical provider, local health department official, school official, or child care provider may sign ‘Record of Immunization’ section of this form. This form may not be altered, changed, or modified in any way.

Notes:

1. When immunization records have been lost or destroyed, vaccination dates may be reconstructed for all vaccines except varicella, measles, mumps, or rubella.

2. Reconstructed dates for all vaccines must be reviewed and approved by a medical provider or local health department no later than 20 calendar days following the date the student was temporarily admitted or retained.

3. Blood test results are NOT acceptable evidence of immunity against diphtheria, tetanus, or pertussis (DTP/DTaP/Tdap/DT/Td).

4. Blood test verification of immunity is acceptable in lieu of polio, measles, mumps, rubella, hepatitis B, or varicella vaccination dates, but revaccination may be more expedient.

5. History of disease is NOT acceptable in lieu of any of the required immunizations, except varicella.

Immunization Requirements

The following excerpt from the DHMH Code of Maryland Regulations (COMAR) 10.06.04.03 applies to schools:

“A preschool or school principal or other person in charge of a preschool or school, public or private, may not knowingly admit a student to or retain a student in a:

1. Preschool program unless the student's parent or guardian has furnished evidence of age appropriate immunity against Haemophilus influenzae, type b, and pneumococcal disease;
2. Preschool program or kindergarten through the second grade of school unless the student's parent or guardian has furnished evidence of age-appropriate immunity against pertussis; and
3. Preschool program or kindergarten through the 12th grade unless the student's parent or guardian has furnished evidence of age-appropriate immunity against: (a) Tetanus; (b) Diphtheria; (c) Poliomyelitis; (d) Measles (rubeola); (e) Mumps; (f) Rubella; (g) Hepatitis B; and (h) Varicella.”

Please refer to the “Minimum Vaccine Requirements for Children Enrolled in Pre-school Programs and in Schools” to determine age-appropriate immunity for preschool through grade 12 enrollees. The minimum vaccine requirements and DHMH COMAR 10.06.04.03 are available at www.EDCP.org (Immunization).

Age-appropriate immunization requirements for licensed childcare centers and family day care homes are based on the Department of Human Resources COMAR 13A.15.03.02 and COMAR 13A.16.03.04 G & H and the “Age-Appropriate Immunizations Requirements for Children Enrolled in Child Care Programs” guideline chart are available at www.EDCP.org (Immunization).