Applicants accepted on a FIRST-COME, FIRST-SERVE BASIS

Nyumburu Cultural Center
CAMP SHULE

Summer 2016
June 20, 2016 to August 12, 2016. (8 weeks)
(Based on the last day of Prince George’s County Maryland Public Schools)

Registration will stay open until all spaces are full.
Spaces are available on a first-come, first-serve basis.

(The information pages are A, &, B and Registration Forms are 1-7)

Camp Daily Schedule for 2016 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.

<table>
<thead>
<tr>
<th>Pathfinders</th>
<th>K, &amp; 1st</th>
<th>Graders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warriors</td>
<td>2nd &amp; 3rd</td>
<td>Graders</td>
</tr>
<tr>
<td>Trailblazers</td>
<td>4th &amp; 5th</td>
<td>Graders</td>
</tr>
<tr>
<td>Explorers</td>
<td>6th &amp; 7th</td>
<td>Graders</td>
</tr>
<tr>
<td>Navigators</td>
<td>8th, 9th, 10th, 11th, &amp; 12th</td>
<td>Graders</td>
</tr>
</tbody>
</table>

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 and Thursday).
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 are subject to change. Please fax applications to: Anne Reese Carswell, Camp Director (301) 314-0383-FAX-- must send or bring in the original.
You may call (301) 314-7759 or e-mail carswell@umd.edu for a faster response.

A.
NYUMBURU CULTURAL CENTER
CAMP SHULE
(Summer 2016)

SCHEDULE

See Daily Schedule as an Attachment

Before care is 7:00am to 9:00am. After care is 4:00pm to 6:00pm and is included in the Camp fee. The camp is in session for eight weeks from June 20, 2016 to August 12, 2016. Campers can be dropped off as early as 7:00am and picked up no later than 6:00pm. Drop-off and pick-up will always take place at the Nyumburu Cultural Center. There will be a charge of $1.00 per minute per child for pick-up after 6:00pm. Early arrival campers will watch videos, visit the computer lab, and play games. The Camp planned curriculum begins at 9:00am with Morning Affirmations. Monday, Wednesday, and Friday is spent in three academic courses. Lunch is 12:00pm to 12:45pm. Outdoor Recreation is 1:00pm to 2:30pm. Snack time is from 2:35 to 2:55pm. Academics with games 3:00pm to 3:55pm. Monday through Friday aftercare 4:00pm to 6:00pm. Friday’s Open Mic 2:00pm to 4:00pm.

- Parent Orientation – Friday, March 25, 2016 & Friday, April 29, 2016 from 6:00pm to 7:00pm in the Nyumburu Cultural Center Multipurpose Room, University of Maryland, College Park, Maryland.

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

Celebrating 19 Years of CAMP SHULE 1998-2016

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.

PARKING & DIRECTIONS

- Park in Regents Garage & Lot Z FREE, or Stamp Student Union Garage for $3.00 per hour.
- GPS Directions to Parking Lot BB—4149 Fieldhouse Drive—(Campers Drop-Off and Pick-Up).
- GPS Directions to front entrance of Nyumburu Cultural Center 4081 Campus Drive).

PAYMENT

- Total for Camp Shule $700.00 for 8 weeks plus a one time $100.00 non-refundable registration fee = $800.00.
- All other ($100.00 per week plus a one time $100.00 non-refundable registration fee.)
- Payment Methods: Credit Card payment is available for completion on last page.
- You can start immediately making tuition payments on line or make payable to UNIVERSITY OF MARYLAND.
  Mail to: Nyumburu CAMP SHULE Suite 1120 –Bldg. #232 University of Maryland, College Park, Maryland 20742 —Attention: Anne Carswell
- Money Order, Cashier’s Check accepted. No Personal Checks.
- Before and After care hours included in total fee.

Full payment should be completed by Monday, June 20, 2016

REFUND POLICY

Refunds will be reimbursed according to University policies. No refunds after June 3, 2016 without a medical reason.

**** Everyone Must show ID to Pick-Up CAMPER****

See Application Below pages 1, 2, 3, 4, 5, 6, & 7.
# Camp Shule 2016

## Workshop Schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Before Hours</strong></td>
<td>Computers, Games, Movie, Exercise</td>
<td>Computers, Games, Movie, Exercise</td>
<td>Computers, Games, Movie, Exercise</td>
<td>Computers, Games, Movie, Exercise</td>
<td>Computers, Games, Movie, Exercise</td>
</tr>
<tr>
<td>9:00 am – 9:20 am</td>
<td>Morning Affirmation, Poems</td>
<td>Morning Affirmation, Poems</td>
<td>Morning Affirmation, Poems</td>
<td>Morning Affirmation, Poems</td>
<td>Morning Affirmation, Poems</td>
</tr>
<tr>
<td><strong>Period One:</strong></td>
<td><strong>Math</strong></td>
<td><strong>FIELD TRIP/Activities DAY</strong></td>
<td><strong>Math</strong></td>
<td><strong>FIELD TRIP/Activities DAY</strong></td>
<td><strong>Math</strong></td>
</tr>
<tr>
<td><strong>Period Two:</strong></td>
<td><strong>Reading/Writing</strong></td>
<td><strong>Reading/Writing</strong></td>
<td><strong>Reading/Writing</strong></td>
<td><strong>Reading/Writing</strong></td>
<td><strong>Reading/Writing</strong></td>
</tr>
<tr>
<td>10:10 am – 10:50 am</td>
<td><strong>Vocabulary</strong></td>
<td><strong>Vocabulary</strong></td>
<td><strong>Vocabulary</strong></td>
<td><strong>Vocabulary</strong></td>
<td><strong>Vocabulary</strong></td>
</tr>
<tr>
<td><strong>Period Three:</strong></td>
<td><strong>Bathroom Break</strong></td>
<td><strong>Bathroom Break</strong></td>
<td><strong>Bathroom Break</strong></td>
<td><strong>Bathroom Break</strong></td>
<td><strong>Bathroom Break</strong></td>
</tr>
<tr>
<td>10:55 am – 11:35 am</td>
<td><strong>Outdoor Recreation</strong></td>
<td><strong>Outdoor Recreation</strong></td>
<td><strong>Outdoor Recreation</strong></td>
<td><strong>Outdoor Recreation</strong></td>
<td><strong>Outdoor Recreation</strong></td>
</tr>
<tr>
<td>11:40 am – 11:50 am</td>
<td><strong>Workshops</strong></td>
<td><strong>Workshops</strong></td>
<td><strong>Workshops</strong></td>
<td><strong>Workshops</strong></td>
<td><strong>Workshops</strong></td>
</tr>
<tr>
<td>12:00 pm – 12:45 pm</td>
<td><strong>After Hours</strong></td>
<td><strong>After Hours</strong></td>
<td><strong>After Hours</strong></td>
<td><strong>After Hours</strong></td>
<td><strong>After Hours</strong></td>
</tr>
<tr>
<td>12:45 pm – 12:55 pm</td>
<td><strong>Lunch</strong></td>
<td><strong>Lunch</strong></td>
<td><strong>Lunch</strong></td>
<td><strong>Lunch</strong></td>
<td><strong>Lunch</strong></td>
</tr>
<tr>
<td>1:00 pm – 2:30 pm</td>
<td><strong>Outdoor Recreation</strong></td>
<td><strong>Outdoor Recreation</strong></td>
<td><strong>Outdoor Recreation</strong></td>
<td><strong>Outdoor Recreation</strong></td>
<td><strong>Outdoor Recreation</strong></td>
</tr>
<tr>
<td>2:35 pm – 2:55 pm</td>
<td><strong>Water/Snack</strong></td>
<td><strong>Water/Snack</strong></td>
<td><strong>Water/ Snack</strong></td>
<td><strong>Water/Snack</strong></td>
<td><strong>Water/Snack</strong></td>
</tr>
<tr>
<td>3:00 pm -3:55 pm</td>
<td><strong>Workshops</strong></td>
<td><strong>Workshops</strong></td>
<td><strong>Workshops</strong></td>
<td><strong>Workshops</strong></td>
<td><strong>Workshops</strong></td>
</tr>
<tr>
<td>After Hours 4:00 pm – 6:00 pm</td>
<td><strong>Computers, Stepping, Movie, Games, Reflective Writing, Exercise</strong></td>
<td>Stepping 4:00 pm-5:00 pm Game time 5pm to 6pm</td>
<td>Computers, Stepping, Movie, Games, Reflective Writing, Exercise</td>
<td>Stepping 4:00 pm-5:00 pm Game time 5pm to 6pm</td>
<td>Computers, Stepping, Movie, Games, Reflective Writing, Exercise</td>
</tr>
</tbody>
</table>

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

~~Workshop schedule will be flexible 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.  
[carwell@umd.edu](mailto:carwell@umd.edu) (301)314-7759 - Do Not leave messages on this number.  
[www.nyumburu.umd.edu](http://www.nyumburu.umd.edu) arc’16  
C.
NYUMBURU CAMP SHULE INFORMATION FORM
Registration Form
(Summer 2016)

Please Print or TYPE
Camper’s Name____________________________ Female_______ Male_______
Grade going to as of August 2016__________________ Age____ Birthdate__________
Street Address____________________________ Home Phone #____________________
City________________ State________________ Zip____________________
Mother’s Name________________________ Father’s Name____________________
Mother’s work__________________ Father’s work____________________
Mother’s (cell)__________________ Father’s (cell)____________________
Mother’s e-mail____________________ Father’s e-mail____________________
Mother’s Place of Employment____________________
Father’s Place of Employment____________________

Emergency Person Name_________________________ Home #____________________
Cell #________________ work #________________

Emergency person is a relative, neighbor, etc.? __________________________
Medical Insurance Company____________________
Policy Number____________________

Special Request: ____________________________

The above named Camper hereby applies for admission to Camp Shule. In applying to Camp Shule, the undersigned agrees to abide by Camp regulations. I hereby consent to the participation of my child in the activities of the Camp during the current camp session, except for the following (if any): Also note any special needs or limitations:

Parent/Guardian Signature(s)
________________________________________________________ Date_____________________
________________________________________________________ Date_____________________

Tee Shirt
(Youth sizes) (S) 6-8______ (M) 10-12______ (L) 14-16______ (XL) 18-20______
(Adult sizes) Small______ Medium______ Large______ XL______ 2X______
Camper Information
Campers Full Name: ____________________________________________
Campers Full Address: __________________________________________
____________________________________________________________________
Age at start of camp: _____ yr _____ mo. Grade entering Fall 2016: _________
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: __________ 2.
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></td>
<td>YES</td>
</tr>
<tr>
<td>1. _______________________</td>
<td></td>
</tr>
<tr>
<td>Full Name / Phone (</td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES</td>
</tr>
<tr>
<td>2. _______________________</td>
<td></td>
</tr>
<tr>
<td>Full Name / Phone (</td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES</td>
</tr>
<tr>
<td>3. _______________________</td>
<td></td>
</tr>
<tr>
<td>Full Name / Phone (</td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES</td>
</tr>
<tr>
<td>4. _______________________</td>
<td></td>
</tr>
<tr>
<td>Full Name / Phone (</td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES</td>
</tr>
<tr>
<td>5. _______________________</td>
<td></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 Cultural Center  
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 :_____________________________________________________

5.
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 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)

| Vaccine Type | Dose # | DTP-DTaP-DT Mo/Day/Yr | Polio Mo/Day/Yr | Hib Mo/Day/Yr | Hep B Mo/Day/Yr | PCV Mo/Day/Yr | Rotavirus Mo/Day/Yr | MCV Mo/Day/Yr | HPV Mo/Day/Yr | Hep A Mo/Day/Yr | MMR Mo/Day/Yr | Varicella Mo/Day/Yr | History of Varicella Disease |
|--------------|--------|------------------------|---------------|-------------|--------------|-------------|---------------------|-------------|-------------|----------------|-------------|---------------------|______________________________|
| 1            |        |                        |               |             |              |            |                     |              |             |                |             |                     |                            |
| 2            |        |                        |               |             |              |            |                     |              |             |                |             |                     |                            |
| 3            |        |                        |               |             |              |            |                     |              |             |                |             |                     | Td Mo/Day/Yr                |
| 4            |        |                        |               |             |              |            |                     |              |             |                |             |                     | Tdap Mo/Day/Yr               |
| 5            |        |                        |               |             |              |            |                     |              |             |                |             |                     | FLU Mo/Day/Yr                |

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: _______________________

Medical Provider / LHD Official
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).