

Dear Summer Program parents;

We are looking forward to having your child/children at our gym for camp week!

Please complete the attached Medical History Form and Permission slip. We will need these forms returned on or before the first day of camp. This information will be held in the strictest of confidence and will be disseminated on a need-to-know basis only. All items on the form, including the date of last Tetanus immunization must be completed before a child will be able to attend our day program.

Campers will be tie dying a T-shirt during camp. Please have your camper bring in a clean white T-shirt, (used or new) with their name/initials on the collar, BEFORE WEDNESDAY for that day's activities. New T-shirts should be washed ahead of time. If your camper is returning for a second week, she or he may decorate the same T-shirt that week with puffy paint or bring a new one.

As a reminder, each camper should have a drink, snack and lunch with them EACH DAY. We will be providing ice cream/popsicles on Wednesday for snack.

Thank you for your prompt attention and cooperation. If you have any questions, give us a call ©

Sincerely,				
The MAGC Staff	М	edical History F	orm	
		-		
Child's Name First		Last	D.O.B	_ MF Non-Binary
Emergency Contact	Name	Relationsh	Phone	
Medical Information			ľ	
Primary Physician			Phone	
Significant Medical Pro	blems or Allergies	(including Latex) _		
Other Important inform	ation			
Date of last Tetanus Immunization			(REQUIRED)
Is your child enrolled in	a Maryland school	l? YesNo	If yes, Name of sch	ool
Is your child missing an	y required immuni	izations: Yes1	lo	
If child is not enrolled in appropriate:)	n school: Please pr	ovide evidence of t	he following immu	nizations (age
Dipthe Measle		Pertussis Rubella	Poliomyeli Mumps	tis
MAGC SUMMER DAY F	PROGRAM PERMI	SSION SLIP		

I give permission for the staff of Mid-Atlantic Gymnastics Center Summer Day Program to chaperone my child/children.

Print Name

Date