

Kindred Spirit Farm, LLC
Application/Medical Form
31191 Johnson Road
Salisbury, MD 21804
410-341-6062

Students Name: _____ Sex: F or M
Date of Birth: _____ Age: _____

Date's of interest for camps: _____

A 20% deposit is required to hold campers space, please include with this application.

Total cost: _____ Deposit: _____

Mother's Name: _____
Phone #: _____ Cell phone #: _____
Address: _____
Place of Employment: _____
Work Phone #: _____

Father's Name: _____
Phone #: _____ Cell phone #: _____
Address: _____
Place of Employment: _____
Work Phone #: _____

Another emergency contact person: _____ Phone #: _____

Campers Physician: _____
Phone #: _____

The following information is required for a camper to be admitted to a day camp:

1. Provide date (month and year) of campers last tetanus (DTP) _____
2. Is the camper currently enrolled in Maryland School, public or private?
____ Yes, name of school _____
____ No, provide a copy of immunizations confirming that the child has received all immunizations as required by the Maryland DHMH Recommended Childhood Immunization Schedule.
3. Is the camper exempt from any immunizations on medical or religious grounds?
____ Yes, provide a signed copy Maryland DHMH immunization certification from either a licensed physician indicating that the immunization is medically contraindicated, or the parent or guardian indicating that they object to immunizations for religious reasons.
____ No

Provide information on any medical conditions, psychological conditions, behavioral conditions, medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive: _____

Parent/Legal Guardian signature: _____ Date: _____

[Fill out waiver on back also]