



QAC Parks and Recreation
1945 4-H Park Road
Centreville, Maryland 21617
www.qac.org/parks-recreation
410.758.0835
qacrecreation@qac.org

Introduction to the Program

Camp Policies, General Information & Frequently Asked Questions

The **Discover Summer - Traditional Camp** sites will be open beginning Monday, June 23, 2025, from 8:00 a.m. to 5:00 p.m. daily for all campers. Before care (7:00 am – 8:00 am) is also available for an additional fee (\$20 each per week.) All camps will be closed on July 4, 2025. There will be a full complement of arts and crafts, sports/active games, enrichment programs, special events and field trips. Any special events and/or reminders will be located by the sign in/out area. Please be aware that the schedule of activities, events, and trips (if applicable) is subject to change based on weather and other factors beyond our control. Parents will be notified of any changes to scheduled events by the camp staff.

Specialty, Sports & Nature Camps should refer to each camps advertisement, flyer and/or description for hours of operation and camp activities as each will vary depending on the camp specialty.

What is required in order for my child to come the first day?

All participants must be registered, paid in full and on the roster of the program the start of camp. On-site registration will not be accepted.

For the safety of your child, all parents and guardians are **REQUIRED** to provide their child's mandatory Emergency Information Form before they may attend the Recreation Summer Programs.

- **Emergency Form**

Please make sure that the information on the emergency form is complete, legible and kept current. We need to be able to reach you or another reliable adult in case of emergency.

- List your cell phone number
- List at least two (2) adults who will be in close proximity to the program in case of emergency.
- List all person(s) (over the age 13) that have permission to pick up your child(ren).

- **Medical or Immunization form**

Required for the child that DOES NOT attend a Maryland public or private school.



Guidelines for Discipline

- Children must listen and follow all instructions by staff at all times.
- Treat other children, all staff, equipment and facilities with respect and care.
- Any participant found to be in possession of any drug, alcohol, tobacco products or weapon will be immediately dismissed from the program. NO refund will be issued.
- Any actions that causes injury to another child, or may have caused injury had the staff not intervened, may result in immediate dismissal from the program. The safety of children is paramount and we want everyone to have an enjoyable experience.
- All acts of bullying, harassment and intimidation will not be tolerated. This will result in immediate dismissal from the program. NO refund will be issued.
- A behavior report will be completed following a notable incident, it must be signed by the parent/guardian when the child is picked up from camp

Daily Sign In / Sign Out Procedures

An authorized parent or legal guardian must accompany a child each day for both check-in and pick-up. No child will be released to a person other than the authorized individual without prior written permission from the child's parent or guardian. This policy must be strictly adhered to for the protection and safety of your child. Please be advised that any person unknown to the staff will be asked to provide ID before your child is released to their care. It is your responsibility to sign your child in at the beginning of the program and sign your child out immediately following the program. Children are not permitted to sign themselves in and out of the program.

A \$20 fee will be assessed if your child is dropped off early or picked up late AND are not enrolled in before care. No child will be released to a person other than the authorized individual to pick up the child.

What should my child wear and bring to the program?

- Participants should wear appropriate clothing for active camp activities and arts and crafts. Attire that can get dirty and that is appropriate for the weather is recommended.
- Sneakers and socks are required for active play and during field trips (if applicable). Crocs, backless shoes or flips flops are not allowed. Water shoes may be worn during direct water activities.
- A water bottle marked with your child's name is suggested.
- **Please be aware that inappropriate attire may limit participation in certain activities (i.e. gym/outdoor time).**
- Parents/Guardians will be notified in advance when different attire for a special event is needed.
- **Please do not bring any personal items that are not related to the camp unless it is for a special day and requested by Parks & Recreation staff. Such items include, but not limited to, personal video games, tablets, music players or other valuable items.**



Do you have a lost and found?

- Recreation is not responsible for lost or stolen personal items. Please mark all lunch boxes, clothing, towels, and swim items with your child's name. All items should be placed in a backpack or bag marked with your child's name.
- There will be a space at each site for your child to store their items for the day.
- Please do not send any personal items such as video games, music players, or other valuable items unless it is a special day and requested by Parks & recreation or camp staff.
- All lost and found items must be claimed before the last day of the program.

Are cell phones permitted at camp?

Cell phones are permitted, but not recommended at camp. For the privacy and safety of all campers, Cell phones MAY NOT be used during camp hours. The staff is NOT responsible for any lost, damaged, or stolen cell phones.

What about lunch?

- Participants attending an all day camp are required to bring a lunch, snacks and sufficient liquids for each day.
- Please make sure that your child understands they are not to share or trade their food items due to the possibility of food allergies. If your child has a food allergy, please make sure the staff is aware and it is listed on their emergency cards.

What happens if my child is sick at camp?

While we understand that many of you use the summer programs as care for your children while you work, we ask you to please do not send them to the programs if they are ill.

- If your child becomes ill during our program, every attempt will be made to contact you or the person listed as the emergency contact. The child will be kept away from the other children until they are picked up.
- If your child is vomiting, has diarrhea, a temperature of 100 degrees or greater, is in severe pain, is experiencing severe shortness of breath, or is generally lethargic they should not be at camp.
- If your child has special medical/behavioral needs, please inform us at the time of registration. We will provide the required medical forms to be filled out.

What happens if my child gets injured at camp?

Unfortunately, sometimes accidents and scrapes do occur. If this happens, and your child is injured, we will take the following steps:

- In the event of a serious injury, 911 will be called and the parents or other authorized individuals will be contacted.
- You will be contacted by phone if your child sustains any type of injury requiring possible additional medical attention during the program/camp. You will be contacted if your child suffers a bee sting, and for all head and eye injuries.



- Please make sure the staff is aware of any allergies or illness that could need emergency attention at the program.

What about sunscreen/bug spray?

It is suggested that all children wear sun block.

- If you would like for your child to reapply throughout the day, then your child must bring their own product in the original container with their name printed on the container.
- A Sunscreen Policy form must be completed and signed.
- Sunscreen spray is NOT accepted at camp.

What qualifications do the supervisory staff have?

- All staff are ages 16 or older, have been fingerprinted, and have completed a pre-employment drug test, as well as a criminal background check.
- All Camp Leaders are 18 years or older.
- Staff on site at every program are certified in CPR and Basic First Aid.

What happens if I am late for pick up?

All programs close promptly at their designated hour. Please make other emergency arrangements in the event you will be delayed (a phone call to the program is always helpful for both staff and child). **Under no circumstances is a staff permitted to provide transportation to or from a program for unrelated participants.**

A \$20 fee will be assessed if your child is dropped off early or picked up late. This will be billed to your account and a receipt will be sent to you within 24 hours of the lateness from the Recreation Manager. Repeated occurrences of early drop-off or late pick-up may result in dismissal from the program.

Do the children get to go on field trips?

Calendars will be given to on the first day of the program.

- By enrolling your child in the program, you are giving permission for your child to attend any and all field trips associated with the program. If you do not want your child to attend a particular field trip, you must make other arrangements for your child that day, as the camp will be closed.
- The Specialty Camps will not participate in field trips.

Can I volunteer or visit the program?

- If you wish to volunteer at the site, you must have the proper Recreation background check and drug screening, and there must be a need for volunteers at the camp.
- If you have a special talent that you would like to share, please check with staff to set up a visit.



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- You are welcome to visit the sites at any time. If you wish to interact with your child, please make sure that you have checked with the staff to set up an appropriate time to visit that will not disrupt the flow of the program.

What will you do if the weather is extremely hot?

Most programs/camps will not close on extremely hot days.

- Campers will be participating in outside activities during the morning hours and inside activities in the afternoon during the hottest time of the day.
- The outdoor camps do not have shelter, we will make alternative shelter arrangements for your child(ren). Staff will call parents to let them know the camp has moved to an inside shelter.

Do you ever close for weather and holidays?

QAC Parks and Recreation Summer Programs may close its programs due to inclement weather.

- Parents should pay close attention to email, our QAC Parks and Rec App, our website www.parksnrec.org or check Rainout Line (<https://rainoutline.com/search/dnis/4102020705>) for announcements about program closures.
- No refunds will be given for missed days or partial summers.
- Please be aware that Parks & Recreation follows the holidays and emergency closing of Queen Anne's County Government.
- All summer programs will be closed July 4th.

If there is a custody order in place for my child(ren), what information would I need to provide to staff?

Parents who have court awarded custody of their child must have the custody papers, along with the updates on file with the Recreation Manager (ONLY). It is the parent's responsibility to provide this information when registering so that we are able to ensure the orders are understood and able to be enforced by our staff. We ask the parents agree on who is allowed to pick up their child(ren). **Only one Emergency Information Form will be accepted per child. (FOR THE SUMMER)**

- Staff must release a child to his/her natural parent unless custody papers are file stating otherwise.
- Once the custody papers are on file, staff must follow those orders, until either the order has expired, or new papers are on file. Staff cannot accept verbal notification of changes.
- **All custody papers are filed confidentially with the Recreation Manager at the Administrative Offices of Parks and Recreation.**

My children need to take medication daily. What is the procedure at the sites?

- Our staff is not allowed to administer medication at the camp sites.



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- Children are NOT allowed to self-administer any medication (includes over the counter) without the required Medication Administration Authorization Form completed with parent/guardian signature and approved health professional.



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Summer Camps 2025

I agree that I have read over the "Introduction to the Program - Camp Policies, General Information & Frequently Asked Questions."

PLEASE PRINT CLEARLY - ALL INFORMATION IS REQUESTED

Child/Participant Name: _____

Program Name & Location _____

Sibling's Also Enrolled: _____

Parent/Guardian Name(s): _____

Home Phone: _____ Cell Phone: _____

Work/Other Phone: _____ Email: _____

Parent/Guardian Signature: _____ Date: _____

Parents/Guardian Comments: _____

My child will also be attending the following camps this summer:

Camp Name	Site	Date

PLEASE RETURN THIS FORM ON FIRST DAY OF CAMP!!!
Only one form is required if you attend multiple weeks.



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Summer Camps 2025

Camp Emergency Form
PLEASE PRINT ALL INFORMATION REQUIRED

Child's Name _____ AGE _____ DOB _____

Address _____ City _____ State _____ Zip Code _____

Parent/Guardian Name(s) _____ Home Phone _____

Cell Phone _____ Work Phone _____

Insurance Company/Policy Number _____

Health Information (allergies, physical, psychiatric, or behavioral concerns):

Physician Name _____ Telephone _____

Is your child enrolled in a Maryland school? Yes, my child is enrolled at _____ school.

No, my child is not enrolled in Maryland school. I am aware that I must provide age appropriated immunization information for my child to participate in the program.

My child has religious or medical exemption to any immunization.

Does your child have a current Tetanus vaccination? Yes No If yes, Date: _____

EMERGENCY CONTACTS: *List persons other than the above who will be able to pick up your child in the event of illness or injury*

Name _____ Name _____

Telephone _____ Telephone _____

Relationship to child _____ Relationship to child _____

Photograph Release Information: I understand that participants in activities may be photographed during the course of the programs. These images may be reproduced for publicity purposes in our seasonal Program Guides, on the Queen Anne's County website or in approved contractors or sponsors publicity materials. No materials will be used for personal or professional gain by staff or contractors.

APPLY OVER THE COUNTER CREAMS, OINTMENTS AND SUNSCREEN

Any creams, lotions, ointments, etc. will not be applied by staff. Products must be provided by the parent in the original container and labeled in permanent marker with child's name. It should also have been applied at home prior to attending our camps/programs to ensure no adverse effect to the child (i.e. rash, irritation or other reactions). Please list all topical products separately.

My child has permission to apply and has previously used _____ with no adverse reaction(s).

Parent or Guardian Signature

Date

**PLEASE RETURN THIS FORM ON FIRST DAY OF CAMP!!!
Only one form is required if you attend multiple weeks.**



AUTHORIZATION TO PICK UP

****Please list ALL persons you authorize to pick-up your child from camp. Those no on this list will not be permitted to remove the child from camp. Photo ID will be requested at the time of pick-up. ****

I _____ authorize the following individual(s) to pick- up / drop- off my Child:
Parent/Guardian Name (Please Print)

Name _____ Name _____

Telephone _____ Telephone _____

Relationship to child _____ Relationship to child _____

Name _____ Name _____

Telephone _____ Telephone _____

Relationship to child _____ Relationship to child _____

Name _____ Name _____

Telephone _____ Telephone _____

Relationship to child _____ Relationship to child _____

Name _____ Name _____

Telephone _____ Telephone _____

Relationship to child _____ Relationship to child _____

Name _____ Name _____

Telephone _____ Telephone _____

Relationship to child _____ Relationship to child _____

**PLEASE RETURN THIS FORM ON FIRST DAY OF CAMP!!!
Only one form is required if you attend multiple weeks.**



**Queen
Anne's
County**

MARYLAND

CHILD WAIVER/RELEASE

WAIVER AND RELEASE OF LIABILITY FOR MINOR PARTICIPANTS
READ BEFORE SIGNING

In consideration of _____, my child/ward being permitted to participate in any way in athletic sports programs, recreation activities/programs, camps, transportation services or any other related events and activities sponsored by the Queen Anne's County Department of Parks and Recreation, the Commissioners of Queen Anne's County, and/or its agents, employees, officers and officials (herein, collectively "Department of Parks and Recreation" or "Releasees"), the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in participating in this program is significant, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I represent to the Department of Parks and Recreation that my child/ward is physically capable of such participation without injury; and,
2. I myself, my spouse, and my child recognize the risks of illness and injury inherent in any program and am agreeing to participation in the program upon the express agreement and understanding that FOR MYSELF, SPOUSE AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself, my spouse, my child and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS, the Department of Parks and Recreation, its officers, directors, employees and agents, other participants, sponsoring agencies, sponsors, advertisers and if applicable, owners and lessors of the premises used to conduct the program/event. ("RELEASEES"), from any and all claims, costs, liabilities, expenses or judgments, including attorney's fees and court costs (herein, collectively "Claims") and WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, arising out of my participation in the aforesaid services/activities WHETHER FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

Department of Parks and Recreation

Steve Chandlee, Director
1945 4-H Park Road
Centreville, Maryland 21617
Telephone: 410.758.0835
Fax: 410.758.0566

County Commissioners:

James J. Moran, At Large
Jack N. Wilson, Jr., District 1
J. Patrick McLaughlin, District 2
Philip L. Dumenil, District 3
Christopher M. Corchiarino, District 4

**FOR PARTICIPANTS OF MINORITY AGE
(UNDER THE AGE OF 18 AT THE TIME OF REGISTRATION)**

THIS IS TO CERTIFY THAT I, AS PARENT/GUARDIAN WITH LEGAL RESPONSIBILITY FOR THIS PARTICIPANT DO CONSENT AND AGREE TO HIS/HER RELEASE AS PROVIDED ABOVE. I HEREBY EXECUTE AND DELIVER THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS AND CONSEQUENCES, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT

PARENT/LEGAL GUARDIAN SIGNATURE

PARENT/LEGAL GUARDIAN SIGNATURE

DATE SIGNED

DATE SIGNED

Name: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____

State/Zip: _____

State/Zip: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Relationship: _____

Relationship: _____

Please check if applicable:

I have sole legal and physical custody of the participant, and I have the authority to consent to the terms of this agreement on their behalf.

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to the rules and regulation and accept them as a participant.

PARTICIPANT NAME (Print)

ENROLLED IN (Name of Program)

PARTICIPANT SIGNATURE

DATE SIGNED



**Queen
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MARYLAND

**PERMISSION TO APPLY OVER THE COUNTER CREAMS,
OINTMENTS AND SUNSCREEN**

Name Of Child: _____ Date of Birth: _____

Parent or Guardian Name: _____

Cell Phone: _____ Home Phone: _____

Home Address: _____

This form is to be used for over the counter topicals only. Any prescription creams, lotions, ointments, etc. will not be applied by staff. This form is to be used for nonmedicated sunscreen, lip balm, Vaseline, lotions, creams; ointment, etc. must be provided by the parent and labeled in permanent marker with child's name. It should also have been applied at home prior to attending our camps/ programs to ensure no adverse effect to the child (i.e. rash, irritation or other reactions). Please list all topicals separately.

1. _____

Type of Topical	Brand Name	Area of Body to be applied
-----------------	------------	----------------------------

2. _____

Type of Topical	Brand Name	Area of Body to be applied
-----------------	------------	----------------------------

3. _____

Type of Topical	Brand Name	Area of Body to be applied
-----------------	------------	----------------------------

My child has previously used the above product (s) with no adverse reaction (s)

_____	_____
Parent or Guardian Signature	Date

FOR SUNSCREEN USE ONLY:

Children will be expected to apply their own sunscreen. Please practice this at home. Staff may assist with your signed permission **ONLY**.

_____	_____
Parent or Guardian Signature	Date

PLEASE RETURN THIS FORM ON FIRST DAY OF CAMP!!!

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Participant Profile

Parents/Guardians,

Please complete the following optional questionnaire to assist us in providing your camper with a positive summer experience. Provide any information that we should be aware of such as medical, psychological, or behavioral conditions, medications, dietary restrictions, allergies, or special accommodations. Thank you.

Child's Name _____

Is your child currently under a doctor's care for any condition or disability? NO YES

If yes, what condition? _____

Is your child currently taking any daily medication that we should be aware of? NO YES

If yes, what type of medication? _____

Does your child receive special education services during the school year? NO YES

If yes, describe. _____

Is your child subject to seizures? NO YES

If yes, explain. _____

Does your child have a reaction to the sun or heat? NO YES

If yes, explain. _____

Does your child have allergies or intolerances (i.e. insect bites, foods)? NO YES

If yes, describe. _____ Is medication needed? _____

Is it necessary for your child to limit activities for any reason? NO YES

If yes, explain. _____

Successful method (if any) to avoid or discontinue unwanted behavior:

What calms your child when they are upset?

Additional information:

MEDICATION ADMINISTRATION AUTHORIZATION FORM for Youth Camps in Maryland

Maryland Department of Health (MDH)
Office of Healthy Homes and Communities
(410) 767-8417 or 1-877-463-3464 ext. 78417
Draft Revision Date: 4/4/2018

This form must be completed fully in order for youth camp operators and staff members to administer the required medication or for the camper to self-administer medication. A new medication administration form must be completed at the beginning of each camp season, and each time there is a change in dosage or time of administration of a medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Nonprescription medication must be in the original container with the instructions for use. Non prescription medication includes vitamins, homeopathic, and herbal medicines.
- An adult must bring the medication to the camp and give the medication to an adult staff member.

Section I. PRESCRIBER'S AUTHORIZATION

1. CHILD'S NAME (First Middle Last)	2. DATE OF BIRTH (mm/dd/yyyy) ____/____/____
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3. MEDICATION SHALL BE ADMINISTERED during the year in which this form is dated in 7b below unless more restrictive dates are specified in 3a and 3b. This authorization is NOT TO EXCEED 1 YEAR.	3a. FROM (mm/dd/yyyy) ____/____/____	3b. TO (mm/dd/yyyy) ____/____/____
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Medication Name	Condition Being Treated/PRN Parameters	Dose	Route	Frequency	OK to Self-Administer	OK to Self-Carry (Emerg Meds Only)
1					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not emergency med
Emergency Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No Known side effects:						
2					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not emergency med
Emergency Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No Known side effects:						
3					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not emergency med
Emergency Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No Known side effects:						

4. PRESCRIBER'S NAME/TITLE	This space may be used for the Prescriber's Address Stamp
TELEPHONE FAX	
ADDRESS	
CITY STATE ZIP CODE	

5a. PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here) <i>(original signature or signature stamp only)</i>	5b. DATE (mm/dd/yyyy)
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Section II. PARENT/GUARDIAN AUTHORIZATION

I request the authorized youth camp operator, staff member or volunteer to administer the medication or to supervise the camper in self-administration as prescribed by the above authorized prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period an authorized individual must pick up the medication; otherwise, it will be discarded. I authorize camp personnel and the authorized prescriber indicated on this form to communicate in compliance with HIPAA

6a. PARENT/GUARDIAN SIGNATURE	6b. DATE (mm/dd/yyyy)	6c. INDIVIDUALS AUTHORIZED TO PICK UP MEDICATION
6d. HOME PHONE #	6e. CELL PHONE #	6f. WORK PHONE #

Section III. AUTHORIZATION FOR SELF-ADMINISTRATION / SELF-CARRY (OPTIONAL)

THIS SECTION SHOULD ONLY BE COMPLETED IF ANY MEDICATIONS IN THE ASTHMA ACTION PLAN ABOVE ARE APPROVED FOR SELF-ADMINISTRATION. Self-carry is only permitted for emergency medications such as inhalers and epinephrine. Both the prescriber and the parent/guardian must consent to self-administration below. However, youth camp operators are not required to permit self-administration or self-carry.

I authorize self-administration of all of the medications listed in *Section I* above that are checked as "OK to self-administer" or "OK to self-administer and self-carry" for the child named above under the supervision of the youth camp operator, a designated staff member or volunteer. If indicated in *Section I*, the child named above may self-carry emergency medications checked as "OK to self-administer and self-carry."

7a. PRESCRIBER'S SIGNATURE <small>FOR SELF-ADMINISTRATION/SELF-CARRY</small>	7b. DATE	8a. PARENT/GUARDIAN'S SIGNATURE <small>FOR SELF-ADMINISTRATION/SELF-CARRY</small>	8b. DATE
---	----------	--	----------