

2017 School of the Soldier Carroll County Farm Museum

Dear Parent/Guardian:

We are excited to have your child join us for School of the Soldier at the Carroll County Farm Museum this spring! One of our goals is to enable children to come learn what it was like to be a soldier in the Civil War. Participants will be mustered in, drill and then reenact a skirmish for their families and other Museum guests.

IMPORTANT INFORMATION

REGISTRATION

The receipt of the registration form and payment of \$25 is confirmation of enrollment.

1. Once you have sent in your payment, there will be no refund given five days after we receive payment.
2. In this packet are forms that are required for each child. Please fill out each form and return the entire packet to the Farm Museum as soon as possible but no later than April 14, 2017. The packet can be dropped off or mailed to the Carroll County Farm Museum at 500 South Center St., Westminster MD 21157, Attention: School of the Soldier.

CLOTHING:

We encourage the children to wear period clothing if they wish. They may also wear clothing that is weather appropriate. We do require closed-toed shoes. Please take precautions for sun exposure if necessary by using sunscreen and wearing a hat or bandana if desired. Please label any clothing items that may be taken off.

WEATHER:

School of the Soldier is held rain or shine. Please have your child dress accordingly.

ARRIVAL AND DEPARTURE:

School of the Soldier begins at 9 a.m. and ends at 4 p.m. We do not provide before or after supervision. The check-in area will be inside the main gate.

LUNCHES:

Soldiers will be provided with lunch. There is a refrigerator where your child's lunch may be stored. We will have water available throughout the day.

SCHOOL OF THE SOLDIER 2017 REGISTRATION

School of the Soldier will be held April 29, 2017 from 9 a.m. to 4 p.m., rain or shine.

Soldier's Name: _____ Parent's Name: _____

Address: _____

Phone: (H) _____ (W) _____ (C) _____

Soldier's Birthdate: _____ SHIRT SIZE – Youth- **M L** - Adult - **S M L** (please circle)

Parents' Email: _____

*Who will be picking your child up today _____

COST: \$25 (includes lunch, commemorative t-shirt and ½ off Family Pass to Living History Reenactment: The **Battle of Fair Oaks/Seven Pines May 6, 2017).**

***Lunches catered by SUBWAY. Please choose from one of the options below:**

Turkey Sub Ham Sub Salad (Gluten Free option)

Please complete all of the forms in this packet and mail with payment by April 14, 2017.

To pay by credit card (Visa, MasterCard or Discover only) please fill out the following:

Card Type: _____ Name on Card: _____

Card Number: _____

Expiration Date _____ CLV (number on back of card) _____

To pay by check, please make your check out to the *Carroll County Farm Museum*.

Completed applications should be mailed to: **Carroll County Farm Museum, 500 S. Center St. Westminster, MD 21157** and marked **Attention: School of the Soldier**

For questions, please call 800-654-4645.

Code of Conduct

The Carroll County Farm Museum School of the Soldier has rules that we follow to make sure everyone has a safe and fun experience. This Code is our guide for behavior at School of the Soldier. It is to be read and signed by both parent/guardian and child participant.

I understand that rules are made to protect me and others; to help make sure program activities are safe, fun, and successful, and to create a welcoming school of the soldier community. I will treat other people, myself, property, and equipment with respect.

I understand that the following are unacceptable:

- Violence
- Bullying including name calling and put-downs as well as using technology, such as computers, text messaging, web site postings, etc. for these behaviors
- Cursing or verbally abusing anyone for any reason
- Fighting, threatening, stealing, damaging property
- Endangering the wellbeing of self or others
- Leaving the group without permission
- Leaving the Farm Museum property without a Commander.

I understand the following are **NOT** allowed at School of the Soldier:

- **Cell phones**
 - Headphones, CD/MP3 players, radios
 - Alcohol, illegal substances, or tobacco products
1. The Carroll County Farm Museum reserves the right to send any soldier home who exhibits unsafe and/or unacceptable behavior that endangers other children, staff or property.
 2. Should this occur, parents/guardians are responsible for picking up their child in a reasonable timeframe as deemed necessary by the School of the Soldier Commander. Persons listed as emergency contacts may be notified if parents/guardian cannot be reached.
 3. No refund will be given if a soldier is sent home due to unacceptable behavior.
 4. Both the child and parent/guardian have read, understand and agree to comply with the Code of Conduct Agreement while at School of the Soldier.

Signature of Parent/Guardian _____ Date _____

Signature of Solider _____ Date _____

School of the Soldier

PHOTO RELEASE

I hereby consent to the use and reproduction by the Carroll County Farm Museum and Carroll County Government of my child's photographic image while attending the Museum's **2017 School of the Soldier**. Future publication includes newspaper stories, the Farm Museum website and Farm Museum brochures and publications.

I agree not to hold the publication or its agents responsible, under any circumstance, for any action, which occurs as a result of this advertisement. I understand that my child's photographic images taken during School of the Soldier will become the exclusive property of the Carroll County Farm Museum and will be used only for promotional purposes.

I agree that I will not be compensated for the use of my child's photographic image.

Check ONE of the following AND fill out the information below:

I AGREE to the terms above: _____

I DO NOT AGREE to the terms above: _____

Date: _____

Child's Name: _____

Parent / Guardian Signature: _____

Parent / Guardian Printed Name: _____

Address: _____

City: _____ State: _____ Zip: _____

2017 SCHOOL OF THE SOLDIER

WAIVER, RELEASE AND HOLD HARMLESS AGREEMENT

_____ (hereinafter referred to as “**Soldier**”) and his/her parent or guardian hereby agrees to hold harmless the Carroll County Farm Museum and the Board of County Commissioners of Carroll County , Maryland, including its officers, employees, agents, successors and assigns, (hereinafter referred to as “County”) from any and all claims, causes of action, suits, liabilities, damages, losses, demands, cost, expenses of any nature, or judgment including attorney’s fees and court costs (hereinafter collectively referred to as (“claims”) arising out of, or in connection with Soldier’s use of the facilities at the Carroll County Farm Museum, on April 29, 2017 for the 2017 School of Soldier.

Soldier understands that by executing this Agreement, Soldier and his/her parent or guardian waives any future right to seek redress against the Museum and/or the County in any forum for incidents or actions which may occur as a result of Soldier’s use of this county facility.

Further, Soldier and his/her parent or guardian shall further agree, as consideration for permission to be on the premises, to accept sole responsibility and liability for any injury or damage to a person or property resulting from the use of the premises.

Further, Soldier and his/her parent or guardian acknowledges that use of the facilities is at his/her own risk. Soldier voluntarily assumes all risks associated with any activities during the event.

This Waiver, Release and Hold Harmless Agreement is executed voluntarily and Soldier and his/her parent or guardian certify that he/she and his/her parent or guardian has read, fully understand, and agrees to the terms of this Agreement.

Date

Authorized Signature (Parent)

Name of Soldier(s): _____

Address: _____

Cellphone: _____ Additional phone number: _____

E-mail address: _____

Emergency Contact Name: _____

Emergency Contact Phone Number(s): _____

MEDICATION ADMINISTRATION AUTHORIZATION FORM

Department of Health & Mental Hygiene (DHMH)
Center for Healthy Homes and Community Services (CHHCS)
(410) 767-8417 Toll Free 1-877-4MD-DHMH ext. 8417

I. CAMP OPERATOR				
<p>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, for each medication, and each time there is a change in dosage or time of administration of a medication.</p> <ul style="list-style-type: none"> • 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. Nonprescription 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. 				
II. CAMP INFORMATION				
YOUTH CAMP NAME				
PHYSICAL ADDRESS				
CITY		STATE	ZIPCODE	
III. PRESCRIBER'S AUTHORIZATION				
CHILD'S NAME		DATE OF BIRTH		
CONDITION FOR WHICH MEDICATION IS BEING ADMINISTERED:		EMERGENCY MEDICATION [] YES [] NO		
MEDICATION NAME	DOSE	ROUTE		
TIME/FREQUENCY OF ADMINISTRATION		IF PRN, FREQUENCY		
IF PRN, FOR WHAT SYMPTOMS				
KNOWN SIDE EFFECTS SPECIFIC TO CHILD				
MEDICATION SHALL BE ADMINISTERED <i>(NOT TO EXCEED 1 YEAR)</i>		FROM	TO	
PRESCRIBER'S NAME/TITLE		This space may be used for the Prescriber's Address Stamp		
TELEPHONE	FAX			
ADDRESS				
CITY	STATE			ZIPCODE
PRESCRIBER'S SIGNATURE <i>(Parent cannot sign here)</i> <small><i>(ORIGINAL SIGNATURE OR SIGNATURE STAMP ONLY)</i></small>				DATE
IV. PARENT/GUARDIAN AUTHORIZATION				
<p>I request the authorized youth camp operator/staff to administer the medication or supervise the camper in self administration if authorized as prescribed by the above 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 adult must pick up the medication, otherwise it will be discarded. I authorize camp personnel to communicate with the prescriber as allowed by HIPAA.</p>				
PARENT/GUARDIAN SIGNATURE			DATE	
HOME PHONE #	CELL PHONE #	WORK PHONE #		
V. AUTHORIZATION FOR SELF ADMINISTRATION AND SELF CARRY				
<p>I consent that the child named above is able to self administer the medication listed. I authorize self administration of the above listed medication for the child named above under the supervision of an authorized youth camp operator/staff member. The child named above may self carry emergency medication if indicated below.</p>				
PRESCRIBER'S SIGNATURE	SELF CARRY EMERGENCY MEDICATION (Check One) [] YES [] NO [] Not emergency medication	DATE		
PARENT/GUARDIAN'S SIGNATURE	SELF CARRY EMERGENCY MEDICATION (Check One) [] YES [] NO [] Not emergency medication	DATE		

CAMPER HEALTH HISTORY

Child's Name: _____

The following information is required:

1st Emergency Contact
(Parent or Legal Guardian): _____ Phone: _____

2nd Emergency Contact
(Other than Parent Above): _____ Phone: _____

Child's Physician: _____ Phone: _____

HEALTH INFORMATION:

1. Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? NO

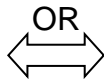
YES, Explain: _____

2. Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive? NO

YES, Explain: _____

IMMUNIZATION INFORMATION:

For campers who reside **within** the United States, a United States territory, or the District of Columbia:



For campers who reside **outside** the United States, a United States territory, or the District of Columbia:

1. State/territory in which child resides:

2. Is this child exempt from any immunizations? NO

YES, List them: _____

1. Country in which child resides:

2. Attach Department form DHMH-896 (record of vaccination or immunity)

Parent or Legal Guardian's Signature: _____ Date: _____