



## **2020 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 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 REGISTRATION INFORMATION**

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

1. No payment refunds will be issued after April 10, 2020.
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 6, 2020. 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 3 p.m. We do not provide before or after supervision. The check-in area will be inside the main gate.

### **LUNCHES:**

Soldiers will need to pack a 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 2020 REGISTRATION

School of the Soldier will be held April 25, 2020 from 9 a.m. to 3 p.m., rain or shine.

Soldier's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Soldier's Birthdate: \_\_\_\_\_ SHIRT SIZE – Adult S M L (please circle)

Parents' Email: \_\_\_\_\_

\*Who will be picking your child up today \_\_\_\_\_

**COST: \$25 (includes commemorative t-shirt and Family Pass to Living History Reenactment: **Grant Pushes Lee to the End: Petersburg 1865** on May 2, 2020).**

**Please complete all the forms in this packet and mail with payment by April 6, 2020.**

**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 **2020 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: \_\_\_\_\_

## 2020 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 25, 2020 for the 2020 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): \_\_\_\_\_

**CAMPER HEALTH HISTORY**

Child's Name: \_\_\_\_\_

**The following information is required:**

1<sup>st</sup> Emergency Contact  
(Parent or Legal Guardian): \_\_\_\_\_ Phone: \_\_\_\_\_

2<sup>nd</sup> 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

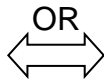
2. Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive?       NO

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: \_\_\_\_\_

# MEDICATION ADMINISTRATION AUTHORIZATION FORM

for Youth Camps in Maryland

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

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.

- 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 authorized individual must bring the medication to the camp and give the medication to an adult staff member.

## I. PRESCRIBER'S AUTHORIZATION

1. CHILD'S NAME		2. DATE OF BIRTH ____/____/____ Month Day Year	
3. CONDITION FOR WHICH MEDICATION IS BEING ADMINISTERED:		4. EMERGENCY MEDICATION <input type="checkbox"/> YES <i>-If yes, see Section III below.</i> <input type="checkbox"/> NO	
5. MEDICATION NAME	6. DOSE	7. ROUTE	
8. TIME/FREQUENCY OF ADMINISTRATION		9. IF PRN, FREQUENCY	
10. IF PRN, FOR WHAT SYMPTOMS			
11. KNOWN SIDE EFFECTS SPECIFIC TO CHILD			
12. MEDICATION SHALL BE ADMINISTERED during the year in which this form is dated in 14b below unless more restrictive dates are specified in 12a and 12b. This authorization is <b>NOT TO EXCEED 1 YEAR.</b>		12a. FROM ____/____/____ Month Day Year	12b. TO ____/____/____ Month Day Year
13. PRESCRIBER'S NAME/TITLE		This space may be used for the Prescriber's Address Stamp	
TELEPHONE	FAX		
ADDRESS			
CITY	STATE		
14a. <b>PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here)</b> <small>(ORIGINAL SIGNATURE OR SIGNATURE STAMP ONLY)</small>		14b. <b>DATE</b>	

## II. PARENT/GUARDIAN AUTHORIZATION

I request the authorized youth camp operator, staff member or volunteer to administer the medication or 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, as listed in 15c below, which may include the child, 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.

15a. PARENT/GUARDIAN SIGNATURE	15b. DATE	15c. INDIVIDUAL(S) AUTHORIZED TO PICK UP MEDICATION
15d. HOME PHONE #	15e. CELL PHONE #	15f. WORK PHONE #

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

***This section should only be completed if this medication is 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 the above listed medication for the child named above under the supervision of the youth camp operator, a designated staff member or volunteer. If indicated below, the child named above may self-carry emergency medication.

16a. <b>PRESCRIBER'S SIGNATURE</b> authorizing self-administration	16b. SELF-CARRY EMERGENCY MEDICATION <b>(Check One)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A - Not emergency medication	16c. <b>DATE</b>
17a. PARENT/GUARDIAN'S SIGNATURE authorizing self-administration	17b. SELF-CARRY EMERGENCY MEDICATION (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A - Not emergency medication	17c. DATE