



# Camper Emergency Form

Summer 2019

Participant Name	Gender	Birthdate

Address:		
City:	State:	Zip Code:

**Please check ALL camps your child will be attending this summer:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Terrific 2 be 2 Camp   | <input type="checkbox"/> Little Busy Bees Camp  | <input type="checkbox"/> Fabulous 4s Camp       |
| <input type="checkbox"/> Discovering Day Camp   | <input type="checkbox"/> Day Camp (Half Day)    | <input type="checkbox"/> Day Camp (Full Day)    |
| <input type="checkbox"/> Sports Camp (Half Day) | <input type="checkbox"/> Sports Camp (Full Day) | <input type="checkbox"/> Outdoor Adventure Camp |
| <input type="checkbox"/> GoGirlGo Camp          | <input type="checkbox"/> Teen Sports Camp       | <input type="checkbox"/> Breakaway Camp         |
| <input type="checkbox"/> Early Bird Camp        | <input type="checkbox"/> Stay & Play Camp       |   |

## Parent/Guardian Information

<b>Mother/Guardian 1 Information</b>	Name:
Primary Phone:	Secondary Phone:
Email:	<input type="checkbox"/> Check box if authorized to pick up child

<b>Father/Guardian 2 Information</b>	Name:
Primary Phone:	Secondary Phone:
Email:	<input type="checkbox"/> Check box if authorized to pick up child

## Emergency Contact

Emergency Contacts must be persons other than parents/guardians listed above

Name:	Relationship to Child:
Primary Phone:	Secondary Phone:

Name:	Relationship to Child:
Primary Phone:	Secondary Phone:

Name:	Relationship to Child:
Primary Phone:	Secondary Phone:

## Authorized Pickup Information

I give permission to the Grayslake Park District to release my child to the persons listed below.

Name:	Relationship to Child:	Phone:
Name:	Relationship to Child:	Phone:
Name:	Relationship to Child:	Phone:

**My child is allowed to sign them self in/out of camp each day.**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Parent/Guardian Signature:	Date:
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## Medical & Health History

Please check all that apply. Include specifics where applicable.

Illnesses	Allergies – include specifics	Others/Special Needs
<input type="checkbox"/> Heart defect/disease <input type="checkbox"/> Musculoskeletal Disorders <input type="checkbox"/> Bleeding/Clotting Disorders <input type="checkbox"/> Type 1 Diabetes <input type="checkbox"/> Type 2 Diabetes <input type="checkbox"/> Seizures* Please use space below to specify type and frequency of the seizures:  <input type="checkbox"/> Other* Please use the space below to specify:	<input type="checkbox"/> Insect Bites/Stings <input type="checkbox"/> Pollen <input type="checkbox"/> Latex <input type="checkbox"/> Medicines/Drugs <input type="checkbox"/> Nuts <input type="checkbox"/> Milk <input type="checkbox"/> Food (specifics) <input type="checkbox"/> Other  Please explain type of allergy and severity of reaction:  <hr/> <p><b>Severe Allergies</b>                      Does your child require an:</p> <input type="checkbox"/> EpiPen <input type="checkbox"/> Inhaler  <p><b>If yes:</b></p> <ol style="list-style-type: none"> <li>Parent/Guardian <b>must</b> fill out the <i>Allergy Action Plan Form</i></li> <li>Parent/Guardian <b>must</b> supply the Grayslake Park District with the required medication.</li> </ol>	<input type="checkbox"/> Wears Contacts/Glasses <input type="checkbox"/> Fainting <input type="checkbox"/> Ear Problems/Tubes <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Emotional Behaviors <input type="checkbox"/> ADD/ADHD <ul style="list-style-type: none"> <li><input type="checkbox"/> Medicated</li> <li><input type="checkbox"/> Non-Medicated</li> </ul> <input type="checkbox"/> Nose Bleeds  Will your child be taking medication while at camp? <input type="checkbox"/> Yes <input type="checkbox"/> No  <p><b>If yes:</b></p> <ol style="list-style-type: none"> <li>Parent/Guardian <b>must</b> complete the <i>Permission to Dispense Medication Form &amp; Waiver</i>.</li> <li>Parent/Guardian <b>must</b> supply the Grayslake Park District with the required medication.</li> </ol>

Are there any special family circumstances we should be aware of (i.e. divorce, recent move, etc.)?

**I have read and understand the Summer Camp Parent Handbook and agree to the Grayslake Park Districts Behavior Management Policy listed in the handbook.**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Parent/Guardian Signature: _____	Date: _____
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I give my permission for my child to receive necessary health care and emergency medical treatment. This Camper Emergency Form is complete and accurate. I will not allow my child to attend if they become exposed to any contagious disease, or if for any reason, I do not consider my child to be in good physical condition.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_