Grayslake Community Park District

240 Commerce Drive Grayslake, IL 60030 (847) 223-7529 www.glpd.com

Camper Emergency Form Summer 2024

Participant Name	Gender		Birthdate	
Address				
Address:	State:			
City:	State.		zip Code.	
Please check ALL camps your o	child will be attending this	summer:		
Terrific 2 be 2 Camp ☐ Busy Bees Camp (3-4 yrs.)) Fabulous 4s Camp		
☐ Adventure Camp (5-7 yrs.)	□ Day Camp (Half Day)	☐ Day Camp (Full Day)		
☐ Sports Camp (Half Day)	oorts Camp (Half Day) 🗆 Sports Camp (Full Day)		☐ Teen Sports Camp	
□ Early Bird Camp	ly Bird Camp		☐ End of Summer Mini Camp	
Parent/Guardian Inform	ation			
Guardian 1 Information Na	amo:			
Guardian 1 Information Name: Primary Phone:		Secondary Phone:		
Email:		☐ Check box if authorized to pick up child		
		Check box ii ddiric	mzea to piek up erma	
Guardian 2 Information Na	ame:			
Primary Phone:		Secondary Phone:		
Email:		☐ Check box if authorized to pick up child		
Emergency Contact				
Emergency Contacts must be persons other than parents/gua				
Name:		Relationship to Child:		
Primary Phone:		☐ Check box if author	orized to pick up child	
Name:		Relationship to Child	•	
Primary Phone:		☐ Check box if authorized to pick up child		
[· · · · · · · · · · · · · · · · · · ·		- Check box ii ddiric	mized to pick up cima	
Name:		Relationship to Child:		
Primary Phone:		☐ Check box if authorized to pick up child		
Authorized Pickup Infor				
If any additional people are auth		please complete this s		
Name: Relationship:			Phone:	
Name: Relationship:			Phone:	
Name:	Relationship:		Phone:	
My child is allowed to sign the	m self in/out of camp each	day.		
	dian Signature:	•	Date:	

Medical & Health History

Please check all that apply. Include spe	cifics where applicable.	
Illnesses	Allergies – include specifics	Others/Special Needs
☐ Heart defect/disease	☐ Insect Bites/Stings	☐ Wears Contacts/Glasses
☐ Musculoskeletal Disorders	□ Pollen	☐ Fainting
☐ Bleeding/Clotting Disorders	□ Latex	☐ Ear Problems/Tubes
☐ Type 1 Diabetes	☐ Medicines/Drugs	☐ Hearing Impairment
☐ Type 2 Diabetes	□ Nuts	☐ Emotional Behaviors
□ Seizures*	□ Milk	□ ADD/ADHD
Please use space below to specify type and frequency of the seizures:	☐ Food (specifics)	□ Medicated
	□ Other	□ Non-Medicated
		☐ Nose Bleeds
	Please explain type of allergy and severity of reaction:	
		Will your child be taking medication
		while at camp?
		□ Yes
		□ No
□ Other*		
Please use the space below to	Severe Allergies	If yes: 1. Parent/Guardian must
specify:	Does your child require an:	complete the <i>Permission to</i>
	□ EpiPen	Dispense Medication Form &
	□ Inhaler	<i>Waiver</i> that can be
		downloaded at
	If yes: 1. Parent/Guardian must fill out	https://www.glpd.com/forms-
	1. Parent/Guardian must fill out the <i>Allergy Action Plan Form</i>	handbooks/
	that can be downloaded at	Parent/Guardian must supply the Grayslake Park District
	https://www.glpd.com/forms-	with the required medication.
	handbooks/	mar are required medication.
	2. Parent/Guardian must supply	
	the Grayslake Park District	
	with the required medication.	
Are there any special family circumstan	ces we should be aware of (i.e. divorce, re	cent move, etc.)?
I have read and understand the Sum Behavior Management Policy listed i	mer Camp Parent Handbook and agree n the handbook.	to the Grayslake Park Districts
☐ Yes ☐ No Parent/Guardian Signature	gnature:	Date:
Emergency Form is complete and accur	ceive necessary health care and emergency rate. I will not allow my child to attend if to onsider my child to be in good physical co	hey become exposed to any contagious
Parent/Guardian Signature:		Date: