

Participant's Name _____

Downers Grove Park District

Summer Camp Forms 2017

Please check the camp(s) your child will attend to ensure we have emergency information at each camp:

- Adventure Camp (K – 5th grade)
- Teen Trekker Camp (6th – 9th grade)
- Exploration Station (3-5 years old)
- Pee Wee Camp (2 ½ years old)
- Lyman Woods Nature Camp (4-12 years old)
- Before/After Hours





Downers Grove Park District
SUMMER CAMP HEALTH HISTORY & EMERGENCY FORM

Please complete the following information for our records.

Part I: General Information

Participant's Name: Age & Date of Birth: Grade in Fall:

Address: City: Zip Code:

Parent/Legal Guardian: Daytime Phone: Other Phone:

Address: City: Zip Code:

(If different from above)

Parent/Legal Guardian: Daytime Phone: Other Phone:

Address: City: Zip Code:

(If different from above)

Part II: Emergency Release Authorization/Authorized Pick-Up List

Only the following people listed below will be allowed to pick up your child, unless the Camp Coordinator receives written notification in advance by the parent/guardian

I/we give the following people permission to pick up my child and contact in the event of an emergency, should I/we be unable to be reached: Please list in preferred order to be called

Name Address Phone

Name Address Phone

Name Address Phone

To ensure the safety of all participants, anyone on your pick-up list may be required to show photo identification upon arrival.

Please explain any custody/divorce or other family concerns about which camp staff should be aware:

Part III: Health History/Allergies

A parent/legal guardian must fill in the following information. The intent of this information is to provide camp personnel the background for appropriate care. Keep a copy of the completed form for your records.

My child is up-to-date on immunizations and tetanus shots Yes No

Dietary Restrictions - this individual cannot eat the following:

Peanuts Pork Poultry Seafood Eggs Gelatin Other (describe)

Please list all known allergies:

Food Allergies Describe Reaction and Management of the Reaction

Other Allergies (medication, insect stings, environmental, etc.) Describe Reaction and Management of the Reaction

Will your child need medication during camp hours? No Yes (If yes please fill out Medication Dispensing Form)

Please explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary).

Please provide any additional information about the child's behavior and physical, emotional, or mental health about which we should be aware.

Part IV: Authorization for Emergency Medical Treatment

I do herewith authorize the Downers Grove Park District to take action as necessary in case of an emergency.

Name of Minor _____

Parent/Legal Guardian Signature _____ Date _____

Part V: Review of Policies and Procedures

I have read and understand the information in the Summer Camp Parent Manual/Letter regarding camp policies and procedures, and agree to abide by them.

Parent/Legal Guardian Signature _____ Date _____

Part VI: Camp-Specific Questions and Authorizations

Sign-In/Out Consent (TEEN TREKKERS ONLY)

I authorize that my child has permission to walk to and/or from home to camp without being accompanied by an adult and to sign themselves in/out from camp each day.

Parent/Legal Guardian Signature _____ Date _____

Friend Request (EXPLORATION STATION ONLY)

When registering for Exploration Station Camp, you will be given the opportunity to submit a friend request. Friend requests will be considered in accordance with the following guidelines:

1. We will do our best to honor one request per child only. Additional friend requests will be disregarded.
2. Your child and the requested child must be enrolled in the same age group by the registration deadline to be considered. Participants will not be allowed to switch into a different age group for the purposes of accommodating friend requests.
3. It is the responsibility of the registering parent(s) to coordinate any reciprocal friend requests. Registration staff and/or camp still will not be responsible for contacting camp participants to facilitate mutual friend requests. If a friend request is not mutually reciprocated on both parties' paperwork, it is the parents' responsibility to do so.
4. The integrity of the program and each individual classroom will remain the highest priority. Any friend requests compromising the integrity of the program will be denied in order to maintain a safe and fun environment and ensure the best possible camp experience for all camp participants.

Please list the name of your (1) friend request here: _____



Downers Grove Park District
REQUEST/AUTHORIZATION FOR THE ADMINISTRATION OF MEDICINE

The Downers Grove Park District will not dispense medication to a minor child or other participant until the Request/Authorization for the Administration of Medicine Form has been fully completed by a parent or guardian. The agency's internal procedures on dispensing medication are available for review.

Part I: General Information

Participant's Name: _____ Age & Date of Birth: _____ Grade in Fall: _____
Address: _____ City: _____ Zip Code: _____
Parent/Legal Guardian: _____ Daytime Phone: _____ Other Phone: _____
Doctor: _____ Phone: _____
Name of Program(s): _____

Part II: Medication Information

I understand that it is my responsibility to give medication directly to program staff with full instructions in individual dosage containers, original prescription containers, or clearly labeled envelopes. In all cases, medication dispensing can only be changed or modified by completing another Request/Authorization for the Administration of Medicine Form.

- 1. Medication name _____
2. Intended effect/anticipated reaction _____
3. Dosage & administration _____
4. Frequency and time of administration _____
5. Duration (week, month, indefinite, etc.) _____
6. Storage information _____
7. Possible side effects _____

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5. Duration (week, month, indefinite, etc.) _____
6. Storage information _____
7. Possible side effects _____

Other medications of which camp staff should be aware: _____

Part III - Parent's Request/Authorization

I hereby request and grant permission for Downers Grove Park District staff to dispense medication to my child, according to the above instructions. I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, guardian, ward, or other family member is accurate. I also understand that it is my responsibility to inform the agency if any changes in the dispensing of medication change.

In all cases, the recommended dosage of any medication will not be exceeded. If after administering the medication there is an adverse reaction, I give my permission to the Downers Grove Park District to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. In consideration of the DOWNERS GROVE PARK DISTRICT administering medication to my minor child, I do hereby fully release or discharge the DOWNERS GROVE PARK DISTRICT and its officer, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child may have, arising out of, connected with, incidental to, or in any way associated with the administering of medication. I further agree to indemnify, hold harmless and defend the DOWNERS GROVE PARK DISTRICT, and its officers, agents, volunteers and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child and arising out of, connected with, incidental to or in any way associated with the administering of medication.

Parent/Legal Guardian Signature _____ Date _____