



Camper Emergency Form

Summer 2024

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| Participant Name | Gender | Birthdate |
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| 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"/> Busy Bees Camp (3-4 yrs.) | <input type="checkbox"/> Fabulous 4s Camp |
| <input type="checkbox"/> Adventure Camp (5-7 yrs.) | <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"/> Teen Sports Camp |
| <input type="checkbox"/> Early Bird Camp | <input type="checkbox"/> Stay & Play Camp | <input type="checkbox"/> End of Summer Mini Camp |

Parent/Guardian Information

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

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|-------------------------------|---|
| Guardian 2 Information | Name: |
| Address: | |
| 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: | <input type="checkbox"/> Check box if authorized to pick up child |

| | |
|----------------|---|
| Name: | Relationship to Child: |
| Primary Phone: | <input type="checkbox"/> Check box if authorized to pick up child |

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|----------------|---|
| Name: | Relationship to Child: |
| Primary Phone: | <input type="checkbox"/> Check box if authorized to pick up child |

Authorized Pickup Information

If any additional people are authorized to pick up your child, please complete this section. (Optional)

| | | |
|-------|---------------|--------|
| Name: | Relationship: | Phone: |
| Name: | Relationship: | Phone: |
| Name: | Relationship: | Phone: |

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

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|------------------------------|-----------------------------|----------------------------|-------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Parent/Guardian Signature: | Date: |
|------------------------------|-----------------------------|----------------------------|-------|

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: Severe Allergies Does your child require an: <input type="checkbox"/> EpiPen <input type="checkbox"/> Inhaler If yes: <ol style="list-style-type: none"> 1. Parent/Guardian must fill out the <i>Allergy Action Plan Form</i> that can be downloaded at https://www.glpd.com/forms-handbooks/ 2. Parent/Guardian must supply the Grayslake Park District with the required medication. | <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 <input type="checkbox"/> Medicated <input type="checkbox"/> Non-Medicated <input type="checkbox"/> Nose Bleeds Will your child be taking medication while at camp? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <ol style="list-style-type: none"> 1. Parent/Guardian must complete the <i>Permission to Dispense Medication Form & Waiver</i> that can be downloaded at https://www.glpd.com/forms-handbooks/ 2. Parent/Guardian must supply the Grayslake Park District with the required medication. |

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: _____ |
|------------------------------|-----------------------------|----------------------------------|-------------|

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: _____