

HANOVER PARK PARK DISTRICT – CAMP EMERGENCY FORM

Child's Name:

Date of Birth:

Address:

Attach Child's
Photo Here.

City:

State:

Zip:

Parent/Guardian Contact Information

Mother's Name:

Place of employment:

Home #:

Work #:

Cell #:

Email:

Father's Name:

Place of employment:

Home #:

Work #:

Cell #:

Email:

Best way to contact parents during camp is: email or phone (If phone which number: _____)

Alternate Contact Person:

Relationship:

Home #:

Work #:

Cell #:

Email:

Transportation Information

How is your child transported to and from camp: (Please check all that apply)

☐

Bus

☐

Dropped off

☐

Walking/Bike Rider

☐

Extended Care

Please list the people who have permission to transport your child:

(We will not allow your child to leave with anyone who is not listed below.)

Name**Relationship****Phone**

Please list people who are restricted from having contact with your child and special instructions for staff if contact is attempted:

*If a parent is listed, court documentation must be attached to this form.

Pool Days Information

Child's swimming skills: (circle one) Beginning Capable Advanced

Child allowed on Diving Boards: Yes No

Child allowed on Slides: Yes No

Child allowed on Drop Slides: Yes No

*Please note that child must pass swimming test to be allowed in deep end and on certain amenities. Please see Parent Manual for specifics.

PLEASE TURN OVER AND ALSO FILL OUT THE REVERSE SIDE OF THIS FORM:

Emergency Information

Please supply the following information clearly and accurately. It is important that in an emergency doctors have pertinent medical information to be able to treat the child. This card will accompany your child to the hospital in an emergency.

Physician's Name:

Phone:

Please list your child's allergies including allergies to food and medication:

Please list any dietary restrictions:

Please list your child's medications:

Is medication required during camp hours? If yes, please request a medication form. The Form must be filled before child starts camp.

Date of last tetanus shot:

Please list your child's physical limitations or special needs:

Please include any other important information:

It is recommended that all participants consult with a physician to determine their health status.

Emergency Treatment: A minor may not be treated, even in an emergency situation, except when, in the opinion of the attending physician, a life is in the balance. Written consent is required for all treatment given in any hospital emergency room/center. Consent of a parent or legal guardian is necessary for unmarried minors, women under 18, and men under 21, except in cases of extreme emergency.

To Whom It May Concern: as a parent and/or legal guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the above minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

The release form is completed and signed of my own free will with the purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent/Guardian Signature:

Date:

Please read the following information carefully

Program Participation: I give permission for my child to participate in this program, trip, or activity and hereby waive, release and forever discharge any and all claims against the Hanover Park Park District or its commissioners, employees, or volunteers for damages and /or injuries to the participant, which may arise from the participation in the Hanover Park Park District programs.

Parent Manual: I have read, understand, and agree to follow all policies explained in the Hanover Park Park District Summer Camp program parent manual, including the policies regarding Registration and Payment Procedures, and Camp Information and Operation Procedures. I have specifically reviewed policies regarding late payment fees, late pick-up fees, and the camp discipline procedures.

I certify that the information I have provided is complete and accurate to the best of my knowledge.

Parent/Guardian Signature:

Date: