



# WINNETKA PARK DISTRICT CAMP EMERGENCY FORM



PLEASE COMPLETE INDIVIDUALLY FOR EACH CHILD AT CAMP

**PARENT/GUARDIAN CONTACT INFORMATION**

ADDRESS: \_\_\_\_\_

MOTHER/GUARDIAN NAME: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ ALT PHONE: \_\_\_\_\_

FATHER/GUARDIAN NAME: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ ALT PHONE: \_\_\_\_\_

**AUTHORIZED SIGN-OUT LIST**

Your child will not be released to anyone other than the **parent/guardian** names written above **unless** listed in the space below. By adding a name to this document, you are granting that individual the authority to sign-out your child from camp\*:

<u>FIRST &amp; LAST NAME</u>	<u>RELATIONSHIP</u>	<u>PHONE #</u>

*This list is for **REGULAR** pick-ups, not someone who might one day pick-up your child. Any additional special pick-up requests (e.g. playdates) need to be made in writing and given to the camp director.*

Please check the following box\*\* **ONLY IF** you will allow your child to walk and/or ride their bicycle to and from camp **unescorted**:   
 By checking this box you further allow the counselors of the Winnetka Park District the ability to release your child **at the end of the camp day** provided they sign themselves out. This does **not** grant your child permission to sign themselves out of camp early or for any reason other than end of the day dismissal.

**\*\*Children attending KIDDIE CAMP or HAPPINESS IS are NOT permitted to arrive or depart from camp alone—even if this box is checked.**

**OTHER EMERGENCY CONTACT INFORMATION**

Please contact the person(s) below in the event the parent/guardians cannot be reached.

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ CONTACT PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ CONTACT PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

PRIMARY CARE PHYSICIAN'S NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

DOES YOUR CHILD HAVE ANY PHYSICAL OR MEDICAL PROBLEMS THAT CAMP STAFF SHOULD BE AWARE OF? \_\_\_\_\_

PLEASE DESCRIBE ANY OTHER INFORMATION ABOUT YOUR CHILD THAT WOULD BE HELPFUL TO THE STAFF (SWIMMING ABILITY, EFFECTIVE TYPES OF DISCIPLINE, RUNNER, ETC.): \_\_\_\_\_

LIST ANY SIBLINGS AT THIS OR OTHER WPD CAMPS: \_\_\_\_\_

*I understand and agree to all the content contained in the Camp Parent Manual which I received or viewed online and read through in its entirety. I further agree to allow my child to be transported via bus or van for various reasons including camp field trips that may or may not be listed in the camp manual or for emergency conditions (e.g., inclement weather while at the beach).*

*The information provided above is accurate and was completed by a parent/guardian of the child on this form.*

**NAME OF PARENT/GUARDIAN:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

PARTICIPATION CAN BE DENIED if the signature of the child's parent/guardian and date are not on this form.

**PARTICIPANT INFORMATION**

CAMPER'S NAME: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ GENDER:  Male  Female

ALLERGIES: \_\_\_\_\_  
[please list any medications below]

CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-MAIL: \_\_\_\_\_

CAMP ATTENDING: \_\_\_\_\_