



WINNETKA PARK DISTRICT CAMP EMERGENCY FORM



PLEASE COMPLETE INDIVIDUALLY FOR EACH CHILD AT CAMP

PARENT/GUARDIAN CONTACT INFORMATION

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*:

FIRST & LAST NAME	RELATIONSHIP	PHONE #

**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 HAPPINESS IS are NOT permitted to arrive at or depart from camp unescorted--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. 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

NAME: _____

BIRTH DATE: _____ GENDER: Male Female

ALLERGIES: _____
[please list any medications below]

HOME PHONE: (____) _____ - _____

ADDRESS: _____

E-MAIL: _____