



Camper Authorization & Emergency Form



PLEASE ATTACH
CURRENT PICTURE OF
PARTICIPANT/CAMPER
HERE

Circle each camp that applies:

CAMP IMAGINATION

CAMP MVP

Participant's name:

Grade Entering in Fall:

School Attending:

Birthdate:

Age:

Male

Female

T-Shirt Size: please circle

YXS YS YM YL AS AM AL

Mother/Legal Guardian:

Home Phone:

Cell Phone:

Work Phone:

Father/Legal Guardian:

Home Phone:

Cell Phone:

Work Phone:

Fears/Phobias? Yes No

Please Explain:

Medical conditions/limitations? Yes No

Please Explain:

Does your child have allergies? Yes No

Please Explain:

Does your child take any medications?

Yes No

Please Explain:

Any dietary restrictions? Yes No

Please Explain:

Does your child require any special
Accommodations/assistance? Yes No

Please Explain:

Please add any additional information that you would like to share with us on a separate piece of paper to make your child's camp experience with the Clarendon Hills Park District the most enjoyable experience possible. We appreciate your time and effort!

Participant's name:

EMERGENCY NUMBERS AND TRANSPORTATION AUTHORIZATION

Please list those authorized to transport your child from Clarendon Hills Park District Summer Camps. In the event that someone who does not usually transport your child should arrive for pick-up, they will be requested to produce a photo ID before a child will be released. **The individuals listed below will also be contacted in the event of an emergency or illness if we are unable to reach one of the parents/legal guardians. *Make sure contact is local and able to pick-up in case of an emergency.**

*Please include individuals you carpool with on the list below.

YOU MUST NOTIFY THE CAMP DIRECTOR OR RECREATION SUPERVISOR OF CHANGES TO THIS FORM

1. Name (First & Last):

Relation:	Phone:
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2. Name (First & Last):

Relation:	Phone:
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3. Name (First & Last):

Relation:	Phone:
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4. Name (First & Last):

Relation:	Phone:
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5. Name (First & Last):

Relation:	Phone:
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EMERGENCY CARE AUTHORIZATION

In the event of any emergency, I hereby authorize Clarendon Hills Park District to secure from any licensed hospital, physician, or medical personnel any treatment deemed necessary for my child's/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I also authorize staff to administer CPR & First Aid for which they are trained. In case of an accident or health emergency, 911 will be called. Every effort will be made to contact parents or guardians immediately.

Signature of Parent/Legal Guardian: _____ **Date:** _____

Authorization for my child to walk/bike home

My child has permission to leave the CHPD day camp site and walk/bike home without adult supervision. I understand that CHPD and it's staff are not responsible for my child's safety at this time. Walkers/bikers are not to leave the camp site before the designated end of camp unless a signed note has been sent by parent/guardian.

Yes Please sign: _____

PARENT HANDBOOK ACKNOWLEDGEMENT

I have read and understand the rules, procedures, and policies included in the Parent Handbook.