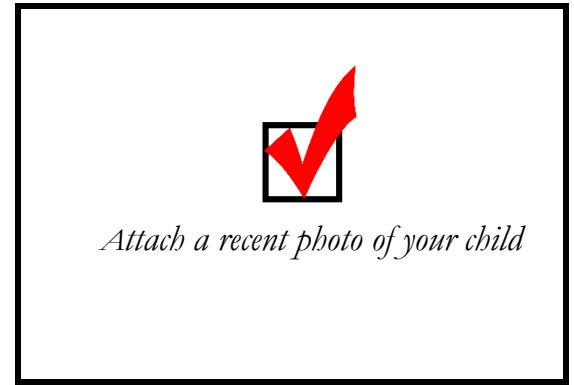


CAMP DISCOVERY 2017
CAMPER INFORMATION FORM

(Must fill out separate form for each child)



Camper Name _____

School Attending _____

Birthdate _____ Age (as of 6/12/17) _____ Sex (Female) _____ (Male) _____

Home Address _____ Town _____ Zip Code _____

Mothers Name _____ Phone # _____

Fathers Name _____ Phone # _____

Nanny's Name _____ Phone # _____

Email _____

Emergency Name _____ Phone # _____

(If none of the above can be reached)

Authorized Pick-Up List

Please list anyone (other than yourself and those listed above) who has permission to pick up your child. If the person named is not on this list, they **cannot** pick up your child from camp, unless you call **and/or** send a note stating they have permission to do so.

1. _____ Relationship & Phone # _____

2. _____ Relationship & Phone # _____

3. _____ Relationship & Phone # _____

4. _____ Relationship & Phone # _____

Medications and Allergies

- Does your child have any allergies? _____ If so, please explain _____

Does your child use an epinephrine pen for allergies? _____ *(If yes, A Permission to Dispense Medication Form must be completed and returned to Park District Office prior to the start of camp)*

- Is your child on any medication? _____ Will child need to take medication during camp? _____ *(If yes, A Permission to Dispense Medication Form must be completed and returned to Park District Office prior to the start of camp)*

(Over)

Additional Camper Information

- Does your child have any fears? _____ If so, what are they and how do you handle them at home?

- Does your child have any physical limitations of which we should be aware? _____

- Please identify any special adaptations or accommodations necessary to assist your camper in participating in the camp program. _____
- Have there been any incidents with family or school that we should be aware of at this time? Please explain. (ex: new babies, divorce, moving, illness of a family member, death, long term visits of relatives, school concerns, etc.) _____

- What is your child looking forward to at camp? _____
- What would you like your child to gain from camp this summer? _____
- What are your child's special interests or skills? _____

Please list any weeks/dates your child will not be attending camp. If you are unsure right now, please let us know in advance during the summer.

Please understand that we will do all that we can to accommodate your requests. We group children according to age.

Please list ONE name of another camper you wish to be in the same group with:

Preferred T-shirt size:

- Extra Small (2-4)
- Small (6 – 8)
- Medium (10 – 12)

Forms Due By Friday, May 26th!
(Any requests AFTER deadline may not be considered)