

# 2010 Camper Emergency Form

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ current grade: \_\_\_\_\_

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Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Cell Phone/Pager: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Cell Phone/Pager: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## PARENT MANUAL:

The parent manual will be given out at time of registration, please initial here that you received your manual, will read the manual and call if you have any questions: \_\_\_\_\_

What Camp is your child attending? **Tiny Tot** **Centennial Park** **Vogt Woods** **Teen Camp**

Is the Camper in extended camp? **YES** **NO** If yes, what session? **SUNRISE** **SUNSET**

*\*\*Centennial Park campsite only*

Will your child be taking any medication during camp hours (includes inhalers)? **YES**

**NO**

*\*\*If Yes, a Medical Authorization Form must be completed and attached! Storage instructions, name and number of physician and original medication bottles must be used. Camp staff will contact you prior to the start of camp to discuss medications at camp.*

Are your child's immunizations current? **YES** **NO**

*\*\*\*If no, please explain*

\_\_\_\_\_  
\_\_\_\_\_

When was your child's last Tetanus shot given?

\_\_\_\_\_

Is there any special considerations or needs that may come up at camp, including allergies, special schooling, etc.?

\_\_\_\_\_  
\_\_\_\_\_

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**Please list any past medical treatment that camp staff should be made aware of:**

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**Name of Child's Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**In case of an emergency, do you have preference for what hospital child is taken to?**

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**I allow camp staff to assist my camper in applying sun screen** **YES** **NO**  
*\*campers are responsible to bring sunscreen from home, we can not allow campers to borrow sunscreen, please make sure a bottle of sunscreen is brought each camp day with your name clearly marked on it.*

**ARRIVAL & DEPARTURE INFORMATION**

Staff will only allow those listed to pick up your child. Our staff may request proof of identification for the safety of your child. If someone other than the persons listed below will be picking up your child, you must turn in a note for the day in question. The safety of your child is our outmost priority and we thank you in advance for your full cooperation.

**How will your child be arriving/departing camp? Please circle which apply.**

<b>Arriving</b>	<b>Departing</b>
Dropped off	Picked Up
Walking/Bike	Walking/Bike

**\*\*If your child will be walking & picked-up/dropped-off a note needs to be turned in with what days the camper will be walking. Any changes need to be done in writing.**

Please remember that at least 2 contacts should be able to arrive at camp and pick-up your child in an emergency within 60 minutes. **The following people are allowed to pick-up my child(ren).**

1. Name: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

5. Name: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_