



# DeKalb Park District Camp Emergency Form

### Camper Information

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Family E-mail Address(es) \_\_\_\_\_

### Parent/Guardian Contact Information (All parents/guardians must be listed)

Parent/Guardian #1 \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Parent/Guardian #2 \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Authorized Adults – Emergency Contact and Child Pick-Up (Other than Parent/Guardian)

A valid photo ID is required for all drop-offs and pick-ups.

**Your child will not be released to anyone other than the parent/guardian names listed above unless listed below.**

	Name	Relationship	Phone Number	Address
1.				
2.				
3.				
4.				
5.				
6.				

**Authorized Pick-Up/Emergency Pick-Up:** I \_\_\_\_\_ authorize the people listed above to pick-up my child and be contacted in the event of an emergency. In doing so, I relieve the DeKalb Park District and its employees of all responsibility for my child after they have been released from the program. In the event of an emergency, attempts will be made to reach the parent/legal guardian first. Initials \_\_\_\_\_

Please check the box **ONLY IF** you will allow your child to walk and/or ride their bicycle to and from camp unescorted. 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. Initials \_\_\_\_\_

By checking this box, you further allow the staff of the DeKalb Park District the ability to release your child from camp **at the end of the day**.

\*Children attending **Mini Campers** are **NOT** permitted to arrive or depart from camp alone – even if this box is checked.

### Medical/Behavioral Information

Primary Care Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**The following questions are asked so we may best serve your child in programs. Any information that you choose to disclose is confidential.**

Does your child have any physical or medical health conditions we should be aware of?

No  Yes, \_\_\_\_\_

**While at camp, are there any allergies we should be aware of?**

No  Yes, \_\_\_\_\_

Allergic reaction (describe) \_\_\_\_\_

Treatment \_\_\_\_\_

**\*If applicable, please complete a separate *Permission to Dispense Medication* form\***

**While at camp, will your child need to take medication?**

No  Yes, \_\_\_\_\_

**\*Please complete a separate *Permission to Dispense Medication* form\***

Does your child require a modification, due to disability, in order to participate?

No  Yes, \_\_\_\_\_

Would your child benefit from having a designated 1-1 aid provided by Kishwaukee Special Recreation Association?

No  Yes, \_\_\_\_\_

Are there activities your child should be exempt from due to health reasons?

No  Yes, \_\_\_\_\_

What are your child's favorite interests and hobbies? \_\_\_\_\_

What types of activities does your child like best? \_\_\_\_\_

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**Medical Release**

Camp staff is not medical personnel and cannot administer medications to the participant without written consent from the parent/guardian. Camp staff is trained in basic first aid and CPR and will take appropriate action when necessary. If emergency services personnel are deemed necessary by staff, the expense will be the responsibility of the participant's guardian. Initials \_\_\_\_\_

I \_\_\_\_\_ hereby authorize the treatment by a qualified and licensed medical doctor of the above minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after reasonable effort has been made to reach me. This release form is completed and signed of my free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. Initials \_\_\_\_\_

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**Camper Information and Releases**

**Swimming Ability**

Non Swimmer (Shallow Water Only)  Fair Swimmer  Good Swimmer (Access to all areas)

Please note: regardless of what is checked above, children will not be allowed in certain areas unless a swim test is passed.

Are there any swimming concerns or accommodations we should be aware of?

No  Yes, \_\_\_\_\_

I give permission for my child to watch a PG rated movie  Yes  No

I give permission for staff to assist my child in re-applying sunscreen if necessary  Yes  No

Please note: campers **MUST bring their own spray-on sunscreen** to camp which should be labeled with the camper's name. Only Spray-on sunscreen will be administered by staff. Sunscreen should be sufficiently applied to any exposed skin *prior* to the camp day.

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**Photo and Video Policy**

The DeKalb Park District staff may photograph participants enrolled in programs, classes, events, or enjoying park facilities. These photos are for Park District use only and may be used in promotional materials such as our brochures, websites, social media and advertisements. By registering for a program, participants and parents/guardians of participants consent to being photographed and videotaped. Please tell the instructor or photographer if you do not want to be photographed.

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***I understand and agree to all the content contained in the Parent Manual and Camp FAQ 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 (i.e. inclement weather, etc.). 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.