

**Prospect Heights Park District**

**Summer Camp**

**Information Sheet**

Summer Camps (Circle all that apply)

Jr. Explorers   Explorers   Adventure Sports   Travel   Performing Arts   Last Hurrah

Campers Full Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Nickname (If Applicable) \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Age \_\_\_\_\_ Grade (Fall 2018) \_\_\_\_\_

**Parent/Guardian with WHOM CHILD LIVES WITH**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell \_\_\_\_\_

My child has my permission to walk/bike to and from camp each day. Y \_\_\_\_\_ N \_\_\_\_\_

# Prospect Heights Park District Emergency Contact Information

In the event of an emergency, and a parent/guardian cannot be reached, this camper can be released to:

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Name	Relationship
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Home Phone	Cell Phone	Business Phone
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Name	Relationship
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Home Phone	Cell Phone	Business Phone
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Name	Relationship
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Home Phone	Cell Phone	Business Phone
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**Prospect Heights Park District Medical Information Summer Day Camp**

Camper's Full Name

Camper's Physician

Physician Address

City

Zip

Physician Phone

**Will medication need to be given at camp? *If yes, please fill out medication dispensing form and waiver.***

Yes  No

**Does your camper have medical conditions, food allergies, or any other issues that would affect his/her camp experience?**

Yes  No If yes, please explain these conditions

**Please describe any accommodations necessary for successful inclusion in the camp program.**

**Immunization records and date of last tetanus shot** \_\_\_\_\_

Please check all that apply

I hereby give permission for my child to participate on field trips with PHPD Camp.

Transportation may include walking, park district van, or chartered school bus.

If at any time, an emergency occurs, and we are not able to reach a parent/guardian or secondary contacts, I hereby authorize the Prospect Heights Park District to take emergency measures as necessary to ensure my child's health and welfare. I will assume responsibility for any fees incurred in the administration of such medical treatment.

I hereby grant permission for emergency transportation and treatment of my child and the release of this registration form, which provides medical and other emergency information.

I understand that camp staff will not apply sunscreen on my child, however they can supervise child in doing so.

Signature

Parent/Guardian (Print)

Date