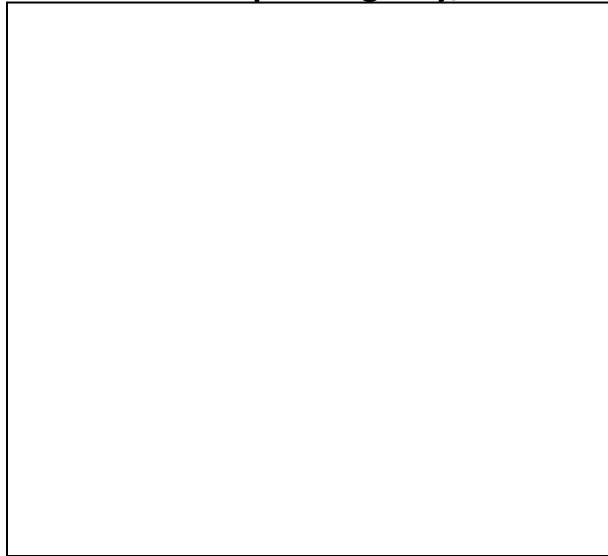


## Bartlett Park District Camp Emergency/Information Form



**ATTACH CURRENT PHOTO HERE**

**Please select all camps your child is participating in this summer:**

Bartlett Nature Center Camps (BNC)

Sports Camp

Sunshine Day Camp

**In order for the day camp counselors to meet the needs of your campers, we ask that you fill out the following form as completely as possible.**

Camper's Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth date: \_\_\_\_\_

Grade Entering: \_\_\_\_\_

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

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

Mother's Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Please provide an **emergency contact** for someone who will be able to pick up your camper within 30 minutes if necessary:

Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Please list any allergies (seasonal, food, medicines) we should be aware of:

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Are there any special needs your camper has that may limit his/her success in the program?

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My child has permission to walk to and from and/or ride bike to and from camp:            Yes    No

My child will be picked up daily by: \_\_\_\_\_

The following people have permission to pick up my child:

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Is there anyone that is restricted from picking up your child from camp?            Yes    No

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

*Please let us know of any changes that occur during the camp regarding the above information.*

**In the interest of safety, camp counselors may require to see a photo ID from the person picking up before allowing your child to leave camp. If someone other than yourself is picking your child up please advise that they may be asked to show a photo ID. Please do not be offended by this request.**

### **READ THE FOLLOWING INFORMATION CAREFULLY**

#### **Medication**

The Bartlett Park District shall not dispense medication to a minor child or other participant until required documents have been fully completed by a parent or guardian and on file at the Bartlett Park District. (Please initial appropriate line below.)

\_\_\_\_\_ My child **does not** carry or require medication during the camp day.

\_\_\_\_\_ My child **does carry and/or require** medication during the camp day and I have completed the required paperwork.

#### **Sunscreen Responsibilities**

The parent/guardian is responsible for educating their child about the importance of sunscreen and proper application, and applying sunscreen to their child before drop off at camp. The parent/guardian is responsible for supplying their child with spray-on sunscreen in the original container and labeling it with the child's full name.

I give permission for my child to participate in this program, field trip or activity. My child may ride a school bus and/or Bartlett Park District vehicle. I understand that all patrons participating in the Park District activities do so at their own risk. *Parents/guardians will be notified in advance of any such trips.*

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Revised June 2020

