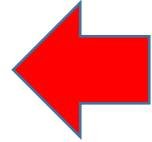




# Camper Authorization & Emergency Form

PLEASE ATTACH  
CURRENT  
PICTURE OF  
CAMPER HERE



Circle all that apply:

CAMP IMAGINATION

CAMP MVP

Participant:

Address:

Grade Entering in Fall:

School Attending:

Birthdate:

Age:

Male

Female

T-Shirt Size: please circle

YXS YS YM YL AS AM AL

Mother/Legal Guardian:

Home Phone:

Cell Phone:

Work Phone:

Email Address:

Father/Legal Guardian:

Home Phone:

Cell Phone:

Work Phone:

Email Address:

Fears/phobias?

Yes  No

Please explain:

Medical conditions/limitations?  Yes  No

Explain:

Does your child have allergies?

Yes  No

Explain:

Does your child take any medications?

Yes  No

Explain:

Any dietary restrictions?

Yes  No

Explain:

Does your child require any special accommodations/assistance?

Yes  No

Explain:

Please add any additional information that you would like to share with us on a separate piece of paper to make your child's program with the Clarendon Hills Park District the most enjoyable. We appreciate your time and effort!

<b>Participant's Name</b>	
<b>EMERGENCY NUMBERS AND TRANSPORTATION AUTHORIZATION</b>	
<p>Please list those authorized to transport your child from Clarendon Hills Park District Summer Camps. In the event that someone who does not usually transport your child should arrive for pick-up, they will be requested to produce a photo ID before a child will be released. <b>The individuals listed below will also be contacted in the event of an emergency or illness if we are unable to reach you. *Make sure contact is local and is able to pick-up in case of emergency.</b></p> <p style="text-align: center;">*Please include individuals you carpool with on the list below.</p> <p style="text-align: center;"><b>YOU MUST NOTIFY CAMP DIRECTOR OR RECREATION SUPERVISOR OF CHANGES TO THIS FORM</b></p>	
1.Name (First & Last):	
Relation:	Phone:
2.Name (First & Last):	
Relation:	Phone:
3. Name (First & Last):	
Relation:	Phone:
<i>Signature of Parent/Legal Guardian</i>	
<i>Date</i>	
<b>EMERGENCY CARE AUTHORIZATION</b>	
<p>In the event of any emergency, I hereby authorize Clarendon Hills Park District to secure from any licensed hospital, physician, or medical personnel any treatment deemed necessary for my child's/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.</p> <p>I also authorize staff to administer CPR &amp; First Aid for which they are trained. In case of an accident or health emergency, 911 will be called. Every effort will be made to contact parents or guardians immediately.</p>	
<i>Signature of Parent/Legal Guardian</i>	
<i>Date</i>	
<b>Authorization for my child to walk/bike home</b>	
<p>My child has permission to leave the CHPD day camp site and walk/bike home without adult supervision. I understand that CHPD and its staff are not responsible for my child's safety at this time. Walkers/bikers are not to leave the camp site before the designated end of camp unless a signed note has been sent by parent/guardian.</p> <p style="text-align: right;"><input type="checkbox"/> Yes <b>Signature:</b> _____</p>	
<b>PARENT HANDBOOK ACKNOWLEDGEMENT</b>	
<b>I have read and understand the rules, procedures and policies included in Parent Handbook.</b>	
Parent/Guardian Signature: _____	
Date: _____	