



Camper Information and Emergency Form

camp@westmontparks.org

Please fill out and return completed form to the Park District on the first day or before camp begins. This information is essential for us to have on hand for emergency purposes and to help ensure the safety of all children in our camp programs.

General Information

Camper's Name: _____ Gender: Boy or Girl (circle one)

Birth Date: _____ Grade in fall: _____ Home Address: _____

City: _____ What is the best way to contact you during camp hours? _____

Parent/Legal Guardian: _____ Cell Phone # _____

Work Phone # _____ Other Phone #: _____ E-mail address: _____

Vehicle Make: _____ Model: _____ Color: _____

Second Parent/Legal Guardian: _____ Cell Phone # _____

Work Phone # _____ Other Phone #: _____ E-mail address: _____

Vehicle Make: _____ Model: _____ Color: _____

My child is registered for: Day Camp _____ Camp Operation Fun _____

Emergency and or Daily Release Information

I/we give the following people permission to pick up my child and contact in the event of an emergency: (Only the following people listed below will be allowed to pick up your child, unless the Camp Management receives written notification in advance by the parent/guardian).

Name: _____ Relationship: _____ Phone #: _____

Address: _____ City: _____

Vehicle Make: _____ Model: _____ Color: _____

Name: _____ Relationship: _____ Phone #: _____

Address: _____ City: _____

Vehicle Make: _____ Model: _____ Color: _____

Name: _____ Relationship: _____ Phone #: _____

Address: _____ City: _____

Vehicle Make: _____ Model: _____ Color: _____

Name: _____ Relationship: _____ Phone #: _____

Address: _____ City: _____

Vehicle Make: _____ Model: _____ Color: _____

****To ensure the safety of all campers, anyone on your authorized pick-up list will be required to show photo identification upon arrival.**

Please explain any custody/divorce or other family concerns you feel that the camp staff should be made aware of:

Health Information

The parent/legal guardian must fill in the following information. The intent of this information is to provide the camp personnel the background for appropriate care for each camper in their care while at camp.

ALLERGIES – List all known Medication Allergies

Describe Reaction and Management of Reaction

FOOD ALLERGIES - List

Describe Reaction and Management of Reaction

OTHER ALLERGIES - List (include insect stings, hay fever, asthma, animal dander etc.)

Does your child carry an inhaler? (please circle one) Yes or No

RESTRICTIONS: Please check any restrictions that apply to your child

My Child May Not Have Any Of The Following:

Peanuts and or Tree Nuts _____ **Pork** _____ **Poultry** _____ **Seafood** _____ **Eggs** _____ **Beef** _____

Dairy/Ice Cream _____ **Gluten** _____ **Popsicles/Ice Pops** _____ **Other** _____

List any medical conditions and/or limitations to daily activities: _____

Explain any restrictions to activities: _____

Use this space to provide any additional information about the participant's behavior (physical and or emotional) that the camp staff should be aware of:

My child is up to date on his/her immunizations and tetanus shots. (please circle one) Yes or No

Will your child need to take medications while at camp? (please circle one) Yes or No

If so, you will need to fill out a medication form, which is essential in order for our camp staff to administer medications. The Permission to Dispense Medication form is available on the camp website and also at the Community Center located at 75 E Richmond Street.

Please check either the yes or no box to allow the camp staff to assist your child with the application of spray sun screen, as needed during camp hours.. Yes _____ No _____

Review of Policies and Procedures

I have read and understand the information in the Summer Camp Reference Guide (available on line and upon registration) regarding camp policies and procedures. I have also read the code of conduct and behavioral guidelines with my child. We both agree with the steps and actions of this document and realize that these rules apply to all participants to ensure the safety of each camper and to make the camp experience positive, fun and successful for everyone enrolled in the camp programs.

By signing below, the Parent/Legal Guardian agrees to contact-less Drop-Off and Pick-Up done in part to lessen the transmission of COVID-19 or any other illness. Each participant will receive two (2) signs that will be displayed in the windshield window for ease of sign-in and sign-out. Please make sure vehicle description for each emergency contact is indicated above

Parent/Legal Guardian Signature _____

Print Name _____ Date: _____

Your cooperation in completing this form and returning it to the Community Center at 75 E Richmond St in Westmont, IL either on or before camp begins is not only essential but greatly appreciated! As always, your support in our programs is very important to us so thank you for choosing the Westmont Park District for your child's recreational needs.