

# WAUCONDA PARK DISTRICT

## CAMP WAUCONDA EMERGENCY TREATMENT/ACKNOWLEDGMENT - 2018

Child's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade Fall (2018) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

### PARENTS WILL BE THE FIRST ONES CALLED IF THERE'S AN EMERGENCY

➤ EMERGENCY CONTACT PERSONS (If parent cannot be reached):

	<i>Name</i>	/	<i>Relationship</i>		<i>Able to pick up?</i>
1.	_____	/	_____	Phone: _____	_____
2.	_____	/	_____	Phone: _____	_____
3.	_____	/	_____	Phone: _____	_____

➤ PLEASE LIST ANYBODY ELSE WHO YOU AUTHORIZE TO TRANSPORT YOUR CHILD FROM CAMP?

	<i>Name</i>	/	<i>Relationship</i>	
1.	_____	/	_____	Phone: _____
2.	_____	/	_____	Phone: _____
3.	_____	/	_____	Phone: _____

➤ IN CASE OF EMERGENCY, PARAMEDICS MAY TAKE MY CHILD TO THE NEAREST HOSPITAL?

YES \_\_\_\_\_ NO \_\_\_\_\_ SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_

\*Will your child be walking home or riding their bike home from camp? \_\_\_\_\_

\*(Only for 5<sup>th</sup>-8<sup>th</sup> graders; Note from parent required)

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Allergies/Food Restrictions: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

Please add ANY additional information you feel is necessary for staff to know about your child:

---

---

---

**CHILD CUSTODY INFORMATION**

Do you have legal custody of this child? (Circle One)                      Yes                      No  
If **NO**, please read \*\*

Are you the legal guardian of this child? (Circle One)                      Yes                      No  
If **NO**, please read \*\*

**\*\*IF THERE IS A CUSTODY ISSUE WITH ANY CHILD YOU HAVE REGISTERED WITH US, YOU MUST PROVIDE A COPY OF A COURT ORDER THAT PROVES TO US WHO HAS LEGAL CUSTODY OF THE CHILD(REN).**

**\*\*IF YOU ARE IN THE MIDDLE OF A SEPARATION OR LEGAL PROCEEDING INVOLVING CUSTODY, WE WILL REQUIRE A LETTER SIGNED FROM BOTH OF THE BIOLOGICAL PARENTS THAT STATES WHO IS AUTHORIZED TO PICKUP YOUR CHILD (REN), AND THAT WE MAY SPEAK TO EITHER PERSON REGARDING ANY CAMP ISSUES AS NEEDED.**

**WAUCONDA SUMMER CAMP RULES & REGULATIONS/ACKNOWLEDGMENT FORM**

I have fully read and understand the procedures, policies, rules and regulations contained in the parent handbook that are required of me and my child (ren) while enrolled in the Wauconda Park District Summer Camp program. I am also aware that there are certain consequences that may affect me or my child(ren) for not following these policies and procedures.

**PLEASE INITIAL EACH ITEM WHERE INDICATED AND SIGN AT BOTTOM**

1. **I UNDERSTAND THE LATE PAYMENT FEE DESCRIBED IN DETAIL IN THIS HANDBOOK \_\_\_\_\_:**
  
2. **I HAVE FULLY READ AND UNDERSTAND THE WAUCONDA PARK DISTRICT SUMMER CAMP BEHAVIOR POLICY \_\_\_\_\_.**
  
3. **I UNDERSTAND THAT ONLY THE PEOPLE THAT I HAVE LISTED ON MY PICKUP LIST WILL BE ALLOWED TO TAKE MY CHILD FROM SUMMER CAMP \_\_\_\_\_.**
  
4. **I UNDERSTAND THAT SESSIONS NEED TO BE PAID IN FULL BY TWO FRIDAYS BEFORE THE START OF EACH SESSION \_\_\_\_\_.**

➤ Parent or Guardian NAME (Please Print): \_\_\_\_\_

➤ Parent or Guardian SIGNATURE: \_\_\_\_\_