

CAMPER INFORMATION FORM
Skokie Park District

CAMP
NAME:

SESSION I (6/11-7/6, 2012)

SESSION II (7/9-8/3, 2012)

The following information is confidential and will be kept on file in the camp office.

Camper's Name			
Address			
Birth Date	Age	Grade Entering	<input type="checkbox"/> Male <input type="checkbox"/> Female
Grouping Request (optional; one friend only; may not apply to all camps)			
Mother/Legal Guardian			
Address		E-mail Address (to receive weekly camp newsletter)	
Home Phone		Pager/Cell Phone	
Work Phone		Work Address/City	
Father/Legal Guardian			
Address		E-mail Address (to receive weekly camp newsletter)	
Home Phone		Pager/Cell Phone	
Work Phone		Work Address/City	
Parents are: <input type="checkbox"/> living together <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> other:			
Child's Physician		Phone	
Does your child have any special needs, medical conditions, or restrictions to the type of activities he/she can participate in? <input type="checkbox"/> yes <input type="checkbox"/> no Explain:			
Does your child have dietary restrictions? <input type="checkbox"/> yes <input type="checkbox"/> no Explain:		Does your child have allergies? <input type="checkbox"/> yes <input type="checkbox"/> no Explain:	
Are your child's immunizations up to date? <input type="checkbox"/> yes <input type="checkbox"/> no Explain:		When was your child's last tetanus shot? Explain:	
Fears/phobias? <input type="checkbox"/> yes <input type="checkbox"/> no Explain:		Is medication required during camp hours? <input type="checkbox"/> yes <input type="checkbox"/> no <i>If "yes," please complete Medical Consent Form.</i>	
Please rate your child's swimming ability: <input type="checkbox"/> good <input type="checkbox"/> average <input type="checkbox"/> poor <input type="checkbox"/> non-swimmer			
Child's weight for boating life vests (Emily Oaks camps only):			

OVER →→→

Camper's Name	
TRANSPORTATION AUTHORIZATION	
How will your child be transported to and from camp? Please mark the means of transportation and provide your signature for authorization.	
<input type="checkbox"/> CAMP BUS SERVICE	
<input type="checkbox"/> SELF CHECK-OUT (Walk / Bike / Public Transportation) My child has permission to sign/check themselves in and out of camp each day. Prior to sign-in and after check-out they are responsible for their own transportation and will not be under staff supervision.	
<input type="checkbox"/> CAR (Family Member / Carpool) Please list those authorized to transport your child to and from camp (other than yourself). 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.	
Name	
Relation	Phone
Name	
Relation	Phone
Name	
Relation	Phone
Signature of Parent/Legal Guardian	Date
AUTHORIZATION TO PARTICIPATE IN OUTDOOR ACTIVITIES	
My child has my permission to participate in all outdoor activities and field trips at camp. All outdoor activities will be scheduled on a daily basis, weather permitting. See camp calendar for field trip dates and times.	
Signature of Parent/Legal Guardian	Date
EMERGENCY NUMBERS	
Please list the individuals who should be contacted in the event of an emergency or illness if we are unable to reach you. Please list individuals other than the legal guardians.	
Name	
Relation	Phone
Name	
Relation	Phone
Name	
Relation	Phone
Signature of Parent/Legal Guardian	Date