



Participant Information and Medical Contact Form- **Confidential**

2222 Birch Street • Des Plaines, IL 60018 • 847-391-5700

In accordance with the District's child safety regulations, please attach a **recent** wallet size photo of your child.

Please be sure that his or her face is easy to recognize.

Attach a separate photo for each summer camp they will be attending.

Please check ALL CAMPS attending. We will make copies for each site.

- | | |
|--|--|
| <input type="checkbox"/> Camp Discovery | <input type="checkbox"/> Sports Xplosion |
| <input type="checkbox"/> Camp Sunshine | <input type="checkbox"/> Dance & Arts Camp |
| <input type="checkbox"/> Arndt Park Camp | <input type="checkbox"/> Adventure Camp |
| <input type="checkbox"/> West Park Camp | <input type="checkbox"/> Camp Chickagami |
| <input type="checkbox"/> Camp Opeka | |

(Summer Kick Off & Summer's Ends programs will have permission slips on site)

This form is to be completed by a parent or legal guardian.

Print clearly in black or blue ink.

Complete all spaces.

Return before the first day of camp.

PART I: PARTICIPANT INFORMATION

- Name: _____
(Last/First)
- Address: _____
- City/Zip: _____
- Home Phone: _____
- E-mail: _____
- Birthday: (mm/dd/yy) _____
- Height: _____ Weight: _____
- Grade (entering): _____
- School: _____

PART II: PARENT/GUARDIAN INFORMATION

- Mother's Name: _____
Daytime #: _____
Cell #: _____
- Father's Name: _____
Daytime #: _____
Cell #: _____
- Who has custodial rights for your child?
Check those that apply. If other, please specify.
 Mother and Father Mother Only Father Only
 Other: _____

13. Is there a court order to keep anyone away from or restricts them from this child during this program?

YES NO

If yes, please provide a copy of this documentation. Our staff cannot restrict children from parents/legal guardians without proper documentation on file with us.

PART III: OTHER EMERGENCY CONTACTS

(Other than the parent)

- Name: _____
Phone: _____
Relationship: _____
- Name: _____
Phone: _____
Relationship: _____

PART IV: AUTHORIZED PICKUP

The following are persons **other than mother or father** who are authorized to pick up your child from the program.

- Name: _____
Phone: _____
Relationship: _____
- Name: _____
Phone: _____
Relationship: _____
- Name: _____
Phone: _____
Relationship: _____

19. My child MAY walk home on his/her own after the program.
 YES NO

PART V: MEDICAL INFORMATION

20. Doctor Name: _____

Phone: _____

21. Insurance Information: _____

22. If necessary, camp staff may administer the following over-the-counter products. Please check the box for any items that CAN be used on the participant.

- Alcohol Wipes Insect Repellent

23. **Sunscreen:** Please note that parents are responsible for applying sunscreen on children before camp. It is advised that sunscreen be brought to the program daily for the participant to reapply.

24. Please list any allergies your child has:

25. Will your child require medication during this program?
Or will they require any medication for allergies?
 YES NO

If yes, you MUST fill out a Medical Dispensing Form and return to the camp director. Located at www.DDParks.org

**IMPORTANT DES PLAINES PARK DISTRICT
MEDICAL & INSURANCE INFORMATION**

The Des Plaines Park District **DOES NOT** provide accident/medical insurance for its participants. Medical bills are the responsibility of the parents/guardian. It is mandatory that participants have had all required immunization shots, including tetanus.

PART VI: PARTICIPANT HISTORY

26. Does your child have an IEP plan with School?
 YES NO

27. If yes, please indicate any special limitations that may affect your child's participation in the program.

28. Has your child demonstrated any behavioral concerns at school which have been addressed by a principal or teacher?
If yes please explain

29. Will your child need a reasonable accommodation under the Americans with Disabilities Act to participate in this program? Jeanette.Berard@DDParks.org a **minimum of 2 weeks before the start of camp.**
 YES NO

If Yes, Nature of Disability:

If Yes, Requested Accommodation

30. Are there any health or learning factors which you feel would be helpful for us to know about, or observe: eyesight, speech, hearing, behavior, individual habits, or others?

31. Please check the swimming ability that is most appropriate for your child:

I DO NOT want my child to swim at all

Non-swimmer Beginner Average Strong

My child **CANNOT** take the swim test. Therefore will not able go in the deep end, on the drop slide or off diving boards.

My child **CAN** take the swim test

If my child passes the swim test her or she can go:

Deep End Drop Slide Diving Board

Should any of the above completed information change during the course of the program, it is the responsibility of the parent to submit an updated form with the most up to date and accurate information.

Signature of parent or guardian

Date

PLEASE RETURN THIS FORM TO PRARIE LAKES OR THE LEISURE CENTER BEFORE THE START OF CAMP. ONCE CAMP IS IN SESSION PLEASE RETURN TO YOUR CAMP.