



**2021 Summer Camp
Emergency & Permission Form**

Please Circle the camp participant is enrolled in:

Camp Mighty Munchkins

Camp Quest Juniors

Camp Quest Seniors

B.A.S.E Camp

Camp-A-Palooza

Name of Participant _____ Child's Nickname _____

Sex M F Date of birth _____ Email Address _____

Home Phone (_____) _____ Emergency Phone (_____) _____

Address _____ City _____ State _____ Zip _____

Father's Name _____ Occupation _____

Work Phone (_____) _____ Cell Phone (_____) _____

Father's Business Address _____

Mother's Name _____ Occupation _____

Work Phone (_____) _____ Cell Phone (_____) _____

Mother's Business Address _____

Please list the names and relationships of other household members.

Does your child have any health problems we should be aware of?

~PLEASE COMPLETE OTHER SIDE~

Does your child take any medication(s) on a regular basis?

Does your child have any specific allergies to certain foods or drinks?

Please list any additional comments and information about your child that would be helpful for us to know about (fears, special instructions, problems, behaviors, etc.). Please feel free to attach additional sheets to this form as you feel necessary for our records.

PARENT PERMISSION TO PROVIDE A PHYSICIAN AND HOSPITAL TREATMENT

I hereby give my permission to the Park District of La Grange to call my physician or have my child taken to a hospital in the event of a serious accident or illness if I cannot be contacted. I will assume financial responsibility for all costs incurred throughout this procedure.

Signature _____ Date _____

My child's physician is _____

Physician's Phone Number _____

PUBLICITY PERMISSION

I hereby give my permission to the Park District of La Grange to use the likeness of my child in TV, film, and printed media for the purpose of advertising or communicating the purpose of activities for this program.

Signature _____ Date _____

HANDBOOK AGREEMENT

Upon registration, I received a parent camp manual. I agree to abide by the policies and procedures outlined. As the parent / guardian, I will assume responsibility for my child(ren).

Signature _____ Date _____



**2021 Summer Camp
Car Pool / Pick Up Permission Form**

Please Circle the camp participant is enrolled in:

Camp Mighty Munchkins

Camp Quest Juniors

Camp Quest Seniors

B.A.S.E Camp

Camp-A-Palooza

Childs Name: _____ **Phone Number:** (____) _____

The following individual(s) have permission to pick up my child from camp. Children will not be released from class to any person not listed on this form. ***You may add or delete from this list at anytime throughout the summer.***

Name	Relationship	Phone Number
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____

Please list two friends, neighbors or relatives who live in the area that can be contacted in case of an emergency.

Name _____ Phone _____

Name _____ Phone _____

Parent / Guardian Signature: _____ Date: _____

**2021 Park District of La Grange
Permission To Dispense Medication
*Waiver and Release of All Claims***

The Park District of La Grange will not dispense medication to a minor child or other Park District of La Grange participants until the Permission and Waiver to Dispense Medication and Medication Information Form have been fully completed by a parent or guardian. The agency's internal procedures on dispensing medication are available for review.

CAMP NAME: _____ **DATE:** _____

I _____ the parent/guardian of _____
(Print Name) (Print Name)

give permission to the staff of the Park District of La Grange **to administer to my child**

(Name of Medication)

I understand it is my responsibility to give the medication directly to the program staff in individual dosage containers, original prescription containers, or envelopes clearly labeled with the following information:

PARTICIPANT'S NAME: _____

NAME OF MEDICINE AND COMPLETE DOSAGE INSTRUCTIONS:

In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to the _____ to secure from any licensed hospital physician and/or Park District of La Grange medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

WAIVER & RELEASE OF ALL CLAIMS

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

In consideration of the Park District of La Grange administering medication to my minor child, I do hereby fully release or discharge the Park District of La Grange, and its officer, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child may have (or accrue to me or my minor child), and arising out of, connected with, incidental to, or in any way associated with the administering of medication.

Signature of Parent or Guardian **Date**

2021 Park District of La Grange Medication Dispensing Information

This form must be completed for each program session or when medication changes.

BACKGROUND INFORMATION:

Participants Name: _____
Age: _____
Address: _____
Parent's/Guardian's Name(s) _____
Daytime Phone: _____ Other Phone: _____
Program Name: _____
Doctor's Name: _____ Phone: _____

MEDICATION INFORMATION:

1 . Name: _____ Dose: _____ Time: _____
Dispensing & Storage Instructions: _____
Possible Side Effects: _____

2 . Name: _____ Dose: _____ Time: _____
Dispensing & Storage Instructions: _____
Possible Side Effects: _____

3 . Name: _____ Dose: _____ Time: _____
Dispensing & Storage Instructions: _____
Possible Side Effects: _____

OTHER INFORMATION:

I understand that it is my responsibility to give the medication directly to program staff with full instructions in individual dosage containers, clearly labeled envelopes, or in original prescription bottles.

In all cases, medication dispensing can only be changed or modified by completing another Permission and Waiver to Dispense Medication Form and Medication Information Form. I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, guardian, ward, or other family member is accurate. I also understand that it is my responsibility to inform the agency if any changes in the dispensing of medication change.

Parent/Guardian Signature

Date

2021 ASTHMA INHALER AND EPI PEN PERMISSION FORM

CAMPER NAME _____ DOB _____

Permission is granted to PDLG Summer Camp to administer or provide:

Asthma Inhaler

Epinephrine Auto-Injector

Parent/Guardian **Signature** _____ **Date** _____

Print Parent/Guardian Name _____

For the safety of all campers all inhalers, auto-injectors, and medications will be kept with an assigned camp counselor.

LICENSED MEDICAL PERSONNEL must complete the following:

Asthma Inhaler

Epinephrine Auto-Injector

1. Name of medication _____
2. Date of Medication Order _____
3. Route and Dosage of Medication _____
4. Frequency and Time of Medication Administration or Assistance _____
5. Specific Recommendations for Administration (What type of symptoms would indicate need for medication) _____

6. Diagnosis and Any Other Medical Conditions Requiring Medications _____

7. Any special side effects, contraindications and adverse reactions to be observed _____

8. Any severe adverse reactions that may occur to another child for whom the epinephrine auto-injector is not prescribed, should such a child receive a dose of medication? _____

9. Name of each required medication _____

I hereby verify that _____ has a valid prescription and the knowledge and skills to safely use the following at PDLG Summer Camp:

Asthma Inhaler

Epinephrine Auto-Injector

Licensed Medical Personnel Signature

Date: _____ Print Name _____

Business Phone _____ Emergency Phone _____

2021 Child Photo Safety Form

Last Name: _____

First Name: _____

Eye Color: _____

Hair Color: _____

**Attach
Picture
Here**





2021Day Camp Parent Manual Acknowledgement Form

I have received, read, understand and agree to abide by the standards set forth by the Park District of La Grange Day Camp Program.

Date

Camper's Name/Print

Parent Name/Print

Parent's Signature



2021 Transportation Permission Slip

In the event of bad weather, campers may be transported to the Recreation Center at 536 East Avenue for the day. We will transport the campers in the Park District recreation bus, in shifts. We ask that you sign this permission slip in order for staff to transport your camper.

If you have any questions, please feel free to contact Leanna Hartung who oversees B.A.S.E Camp and Teresa Chapman who oversees Camp Quest Seniors at (708) 352-1762.

_____ has my permission to be transported to the recreation center on days
Childs name with inclement weather & for field trips.

Parent/Guardian Signature

Date