



**Emergency & Permission Form
Summer Camp 2018**

Please Circle the camp participant is enrolled in:

Camp Quest
Camp-a-Palooza

Camp Mighty Munchkins
Camp Tiny Tots

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?

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

~PLEASE COMPLETE OTHER SIDE~

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 _____