

# WINTER WOODS DAY CAMP 2012

Complete and bring this form (one for each camper) to the first day of camp.

Camper's Name: \_\_\_\_\_  M  F

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Camper Friend (limit 1): \_\_\_\_\_

## Health History Record

Is your child on any type of medication?  Yes  No If yes, what? \_\_\_\_\_

*Park District staff is not authorized to dispense any type of medication. If your child carries an epi-pen, contact us for additional required forms.*

### Health Conditions *Check all that apply and give appropriate dates*

Fainting \_\_\_\_\_  Hearing Impairment \_\_\_\_\_  Diabetes \_\_\_\_\_  
 Asthma \_\_\_\_\_  Seizures \_\_\_\_\_  Other \_\_\_\_\_

### Allergies *Check all that apply and specify nature of reaction*

Animals / Insects \_\_\_\_\_  Food \_\_\_\_\_  Other \_\_\_\_\_  
 Medicine / Drugs \_\_\_\_\_  Plants \_\_\_\_\_

### Other Conditions *Check all that apply*

Speech Impairment  Emotional Disturbances  Developmentally Delayed  Other  
 Attention Deficit Disorder  Communication Impairment  Special Diet

To provide the best possible camp experience, please provide all information in relation to any health conditions, behavioral concerns, dietary needs, medication, or special needs. Explain any items/conditions checked above. This information will remain confidential.

\_\_\_\_\_  
\_\_\_\_\_

Family Doctor/Phone: \_\_\_\_\_ Family Dentist/Phone: \_\_\_\_\_

## Adult/Child Release Agreement

In consideration of your accepting my entry or my child's entry, I hereby, for myself or my child, release, indemnify, and hold harmless the Centerville-Washington Park District, its Commissioners, Agents, Employees, and Assignees from any and all liability claims, actions, demands, and judgments arising out of injury or loss sustained by me or my child while participating in activities or using facilities of the Centerville-Washington Park District.

Signature \_\_\_\_\_ Date \_\_\_\_\_