

WINFIELD PARK DISTRICT DAY CAMP EMERGENCY FORM

(Please circle your child's camp) Camp Little Tykes Mighty Munchkins Camp Winfield Snow Dayz

Last Name: _____ First Name: _____ D.O.B: _____ Age: _____ Sex: _____

Address: _____ City: _____ Zip: _____

Name of Mother/Legal Guardian: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Occupation: _____ Employer: _____ Work Hours: _____

WorkPhone: (_____) _____ - _____ Work Address: _____

Name of Father/Legal Guardian: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Occupation: _____ Employer: _____ Work Hours: _____

WorkPhone: (_____) _____ - _____ Work Address: _____

Names of relatives/friends who will be responsible for you child if no guardian can be reached

Name: _____ Relationship: _____ Phone: (_____) _____ - _____

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PLEASE FILL OUT ENTIRE FORM - 2 EMERGENCY CARDS ARE NEEDED!!

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PLEASE FILL OUT BACK SIDE

May your child swim in deep water?

Yes

No

No, but water slides are okay

Date of last Tetanus Shot: _____

Health Care Provider: _____ Policy Number: _____

Phone: (_____) _____ - _____

Child's Physician: _____ Phone: (_____) _____ - _____

Address: _____

Other physicians authorized to treat child: _____

Does your child have any health issues we should be aware of? **Yes** **No**

If Yes, please describe: _____

Any known allergies? (Please Specify): _____

Any foods your child cannot eat? (Please Specify): _____

Any vision, hearing, or speech problems? (Please Specify): _____

Does your child wear glasses? **Yes** **No**

If Yes, for what and how often? _____

Does your child require that staff dispense medication during camp hours? (Please Specify)

Any other information you feel is necessary to safeguard your child: _____

I authorize the Winfield Park District to take action as necessary in case of an emergency.

Signature of Parent or Guardian

Date

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