

# Metro Parks Summer Camps – Emergency Medical Form

\*This Form is Required for all Camps\*



Please print clearly or type:

Camper's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Age on 6/1/22: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Camp Title and Session Number: \_\_\_\_\_ Grade going into Fall 2022: \_\_\_\_\_

## IN CASE OF AN EMERGENCY, CONTACT:

Parent or Legal Guardian: \_\_\_\_\_ Relation to camper: \_\_\_\_\_  
Daytime Phone # (Home or work): \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_ Relation to camper: \_\_\_\_\_  
Daytime Phone # (Home or work): \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Alternate Person: \_\_\_\_\_ Relation to camper: \_\_\_\_\_  
Daytime Phone # (Home or work): \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

## MEDICAL INFORMATION:

Family Doctor's Name: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

Preferred Hospital: \* \_\_\_\_\_

\*In case of an extreme emergency, the camper will be taken to the closest hospital.

### Allergies:

- ☐ Child has no known allergies
- ☐ Child has an EpiPen (if the child has an EpiPen at school, it MUST also be at camp). A squad will be called in the event of an allergic reaction that requires the administration of an EpiPen. Metro Parks employees are authorized and have my express consent to administer an EpiPen, or, if child is able, assist child with self-administration of EpiPen.
- ☐ Food allergy to \_\_\_\_\_  
Describe reaction if this food is eaten and what is done to manage it: \_\_\_\_\_
- ☐ Other allergies (i.e. insects, etc.) \_\_\_\_\_  
Describe reaction(s) and what is done to manage them: \_\_\_\_\_
- ☐ Medication allergy: \_\_\_\_\_

**Medication:** All prescription medications given at camp **MUST be in pharmacy containers & appropriately labeled.**

- ☐ Child does not take any medication at home
- ☐ Child takes the following medication at home: \_\_\_\_\_
- ☐ Child will take the following medication while at camp:  
Name of medication: \_\_\_\_\_ Name of medication: \_\_\_\_\_  
Reason for taking: \_\_\_\_\_ Reason for taking: \_\_\_\_\_  
Dose taken: \_\_\_\_\_ Dose taken: \_\_\_\_\_  
Time to be taken during camp: \_\_\_\_\_ Time to be taken during camp: \_\_\_\_\_

**Restrictions:** Any restrictions to camp activities? \_\_\_\_\_

**Any additional information about your child's behavior and physical, emotional or mental health, which the camp staff should be aware?** \_\_\_\_\_

## MEDICAL RELEASE

The undersigned recognize that in exploring nature through hikes and hands-on activities, there is the possibility of injury to a camper. I hereby grant Park District employees and qualified paramedics, EMTs, or other certified medical personnel the authority to give an informed consent for the treatment of (child's name) \_\_\_\_\_, should that child require medical care because of any condition or incident. Major surgery and (note any other procedures) \_\_\_\_\_ should not be performed without my consent unless two physicians' medical opinions find that such procedures are necessary to relieve the suffering or preserve the life or limb of my child and I cannot be reached after reasonable attempts. Facts concerning my child's medical history, including allergies, physical impairments and medications being taken are listed above. I agree to the release of any medical records necessary for treatment or referral for medical care.

Signature: \_\_\_\_\_ Relation to camper: \_\_\_\_\_ Date: \_\_\_\_\_

# Metro Parks Summer Camps

## Release Information

\*This Form is Required for all Camps\*



Please print clearly or type:

Please list the names, addresses and phone numbers of the adults, **including yourself**, that are authorized to drop off/ pick up your camper at Metro Parks' Summer Camps. Be prepared to present a photo I.D. when picking up your camper.

Camper's Name: \_\_\_\_\_ Session #: \_\_\_\_\_

Camp Title: \_\_\_\_\_ Dates: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

### Authorized Adults

Name	Address	Home Phone	Cell Phone	Work Phone

### Metro Parks Summer Camp Transport Consent

I authorize Metro Parks' staff to transport my child to/from camp activity sites within the park. I also authorize Metro Parks' staff to lead walks with my child, outside the perimeter of the Metro Park. For camps at Homestead Metro Park, this could entail walking to the YMCA for swimming and/or walking along the Heritage Trail to Heritage Park.

**Please sign your name along with your child's name to consent permission for your child to ride in the camp vehicle, or walk outside of the Metro Parks.**

Child name: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Metro Parks Summer Camps – Camper Code of Conduct

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**\*\*Please read this Code of Conduct with your child and have him/her print or sign their name on the line below.**

## Camper Code of Conduct

Metro Parks Summer Camp is a program designed to foster the discovery of nature, provide a safe place to be yourself, and create a fun-filled summer that can lead to life-long memories and friendships. Children who attend camp are expected to follow the Code of Conduct below and to interact appropriately in a group setting.

- We are all responsible for our actions.
- We respect each other and our environment.
- We are honest in our relationships and interactions.
- We will care for ourselves and those around us.
- We are thoughtful and open-minded to trying new activities.
- We follow safety instructions and listen to guidance from our Counselors.
- We will be aware of others using Metro Parks equipment, trails, facilities, and grounds.
- We will share Metro Parks equipment, facilities, and grounds.
- No use of profanity, offensive language or name-calling will be tolerated.
- No physical aggression, e.g. hitting, kicking, pulling, fighting, spitting, etc.
- We have fun! 😊

### Camper:

I have read through the Metro Parks Summer Camp Camper Code of Conduct and understand what is expected of me while at camp.

Please Print or Sign Your Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Parent or Guardian:

I have read through the Metro Parks Summer Camp Camper Code of Conduct with my child and discussed what is expected of him/her while at camp.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# METRO PARKS SUMMER CAMPS 2022

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(CAMPER'S LAST NAME)

