

Lombard Park District SUMMER CAMP EMERGENCY/INFORMATION SHEET

Participants Name: _____ Birthdate ____/____/____

Age: _____ Grade: _____ School: _____

Address: _____ Home Phone: _____

Mother/Guardian Name: _____ Work Phone: _____ Cell Phone: _____

Father/Guardian Name: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact (other than Parent/Guardian)

1. Name: _____ Phone #: _____

Address: _____ Relation: _____

2. Name: _____ Phone #: _____

Address: _____ Relation: _____

3. Name: _____ Phone #: _____

Address: _____ Relation: _____

Transportation

List persons to whom the child can be released if different than Parent/Guardian or Emergency Contact. We will only release your child to those individuals unless written authorization is presented at least two days in advance. If staff is unfamiliar with anyone designated below, they will ask for ID.

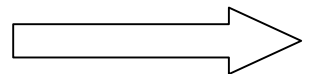
1. Name: _____ Phone #: _____

Address: _____ Relation: _____

2. Name: _____ Phone #: _____

Address: _____ Relation: _____

See other side for more Camper information



Health/ Medical/ Special Needs

Medical Conditions: _____

Special Needs: _____

Allergies: _____

Medications: _____

If your child requires medication at camp please complete the additional forms.

Physician's Name / Phone Number: _____

If divorced/separated, who has legal custody? _____

May the non-custodial parent pick-up the child? _____

Name of non-custodial parent? _____

Is there anything that staff should know to make your child's summer easier? _____

For the safety of your child at water parks, please circle the pool level(s) that they are allowed to swim in:

- Hurricane Cove – Max Depth 3ft 9in.
- Small Water Slides- Must be 42” tall; Max Depth 3ft. 6in.
- Dolphin Cove- Lap Pool- Max Depth 5ft.
- Large Water Slides- Must be 48” tall; Max Depth 12ft.
- Diving Well- Max. Depth 12ft.

Signature: _____ **Date:** _____

*****Please submit a photo of your camper with this form.**

Office Use:

T-shirt _____ **Photo** _____