

Camper's Name _____ Camp _____
First Last

Camper Information Form

Does your child have any allergies? _____ Please Explain _____

Is your child taking any medication we should know about? _____ Please explain _____

Does your child have any special needs? _____ Please explain _____

Who should be contacted in case of an emergency? _____

Name _____ Phone _____

Relationship to Camper _____

Physician _____ Phone _____

Hospital where child should be taken _____

Please Note: In the event that the parent or designated guardian cannot be reached within 15 minutes of injury, the child will be taken to Loyola Hospital by the North Riverside Paramedics. If on a field trip, camper will be transported to the closest hospital in the area.

In the event no one can be reached, I give permission for my child to receive necessary emergency treatment. _____

Signature

Who will be picking up your child after camp? _____

List any other individuals authorized to pick up your child _____

PLEASE NOTE: For the safety of your child, if anyone other than those individuals listed above will be picking up your child, you must either send a written note or call the Recreation Department at 442-5515. ID's will be requested. Thank you for your cooperation.