

City of Saline
Parks & Recreation Department
2021-2022 KIDS CAMP EMERGENCY FORM

Revised 3/22/21

Contact Information

Camper Name _____ Camper Date of Birth _____

Camper Address _____ City _____ Zip _____ Phone _____

Family Email Address _____

Parent/Guardian Name _____ Location when child is at camp _____

Phone(H) _____ Phone (W) _____ Phone(C) _____

Parent/Guardian Name _____ Location when child is at camp _____

Phone(H) _____ Phone (W) _____ Phone(C) _____

If my child becomes ill or injured at camp and needs to leave camp, the parent(s) listed above will be contacted. In the event that the parent(s) is not available, list in order who should be called:

Name	Relationship	Home	Work	Cell
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

*If a custodial parent requests that a non-custodial parent *not* pick up a child, that request must be in writing.

Camper Release Authorization

NAMES OF PERSONS OTHER THAN PARENTS TO WHOM CHILD MAY BE RELEASED

Name	Relationship	Home	Work	Cell
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Please note: Parents must notify camp staff each day that their child is leaving camp with someone other than themselves. Parents may add names to the list as needed. Please notify the staff if you would like a mandatory photo ID check done each day for those picking up your child.

_____ Initial if you would like a mandatory photo ID check each day for those picking up your child.

Health History

Do you carry family medical/hospital insurance? _____ Health Carrier _____
Policy/Group# _____ Physician Name & Phone _____

Record of past year medical treatment

<u>Date</u>	<u>Injury/condition</u>	<u>Date</u>	<u>Injury/condition</u>
_____	_____	_____	_____

Are all of your immunizations up to date including Measles, Mumps, DTaP/DT/Td, and Rubella?

___Yes ___No If no, specify which immunizations are NOT up to date: _____

Allergies and Medical Conditions

Allergy/Condition	What happens	Treatment
_____	_____	_____
_____	_____	_____

Restrictions (Dietary/Physical)

Swimming Evaluation:

Has your child taken swim lessons? ___YES ___NO If yes, current level: _____

Has your child passed a deep end swim test? ___YES ___NO

Other swimming information you can share with our staff _____

Other: To provide the best camp experience, please provide any additional information about your child's behavior, physical, emotional, and/or mental health in which the camp staff should be aware.

Please note: If your child needs to take prescription or non-prescription medicine while at camp, the parent or guardian will need to fill out a Medication Authorization Form when you drop off your child at camp. All medicine must be in its original container.

Please read and sign:

I hereby grant permission to Saline Parks & Recreation staff to perform basic first aid on my child and/or contact the appropriate hospital, emergency clinic or agencies to secure and administer emergency medical or surgical treatment should the need arise. I assert that the Health History is correct and complete to the best of my knowledge, and the person described herein has permission to engage in all camp activities except as noted.

Waiver, Release and Discharge of Claims

The undersigned for and in consideration to participate in the herein described events sponsored by the City of Saline, does hereby waive, release and discharge any and all claims against the City of Saline, its officials, its agents, its representatives, employees, volunteers, and event sponsors, for any and all injuries and damages to person or property, arising out of participation in such events by the undersigned, and/or the minor child and/or children of the undersigned participating with the consent of the undersigned as evidenced by the execution of this instrument.

Signed (Parent/Guardian): _____ Date: _____