

# Summer Day Camp 2019 Application

Child's name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

School \_\_\_\_\_ Teacher's name\* \_\_\_\_\_ Diagnosis \_\_\_\_\_

**\*\* IMPORTANT\*\* you must include teacher's name, so we can verify eligibility**

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

In case of emergency, if parent cannot be reached, call:

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

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## TELL US ABOUT YOUR CHILD

Restrictions \_\_\_\_\_

Allergies \_\_\_\_\_

Food likes \_\_\_\_\_

Food dislikes \_\_\_\_\_

Fears \_\_\_\_\_

Special needs/equipment (help with toileting/feeding; is not toilet trained; etc.)

Does your child have special names for objects (potty, cookie, drink, etc.)?

Does your child communicate his/her own needs?

Can your child walk home alone?

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## MEDICAL AND EMERGENCY INFORMATION

Medical Problems and/or disabilities: \_\_\_\_\_

Does your child regularly take medication? \_\_\_\_\_What and how to administer?

\_\_\_\_\_

Primary Doctor: \_\_\_\_\_Address: \_\_\_\_\_Phone: \_\_\_\_\_

Hospital or clinic preference: \_\_\_\_\_

Please read the following permission statements and mark yes or no for each statement based upon your wishes for your child in case of emergencies. Sign the slip at the bottom of this sheet so that we will have your wishes on record.

Yes\_\_\_No\_\_\_If I and the physician of my choice, as indicated, cannot be reached in an emergency, and if in the judgment of program personnel immediate medical or hospital attention is indicated, I authorize program personnel to take my child to an available hospital or physician. I will be responsible for the emergency medical charges upon receipt of the statement.

Yes\_\_\_No\_\_\_My child can administer medication. Comprehensive Connections can remind my child to take it, and can store it during the day. Medication that my child brings will be clearly marked with name, content, dosage, and exact times for administration.

Yes\_\_\_No\_\_\_I authorize Comprehensive Connections to take my child on walking trips, special excursions by motor vehicle, and to nearby public park facilities. I also authorize my child to ride as a passenger in a vehicle designated by the above. I understand all such trips are under the supervision of Comprehensive Connections and that health and safety precautions are taken in compliance with Agency policies.

Yes\_\_\_No\_\_\_I give my permission for my child to participate in swimming lessons. I have read, understand, and have completed the Mt. Vernon Parks District "Release of All Claims by Minor and Parent."

Yes\_\_\_No\_\_\_I delegate all matters of discipline and emergencies to Comprehensive Connections. I agree to relieve Comprehensive Connections from any liability in connection with this activity. I agree to pay any doctor or hospital expenses for my child.

**T-SHIRT SIZE: ADULT SIZE** circle one **Small Medium Large Extra Large Other**\_\_\_\_\_  
**YOUTH SIZE** circle one **Small Medium Large Extra Large Other**\_\_\_\_\_

I authorize \_\_\_\_\_  
(Name) (Address) (Phone)

and \_\_\_\_\_  
(Name) (Address) (Phone)

to pick up my child when I am unavailable.

\_\_\_\_\_  
**Signature of parent/guardian**

\_\_\_\_\_  
**Date**