

Participant's Name: \_\_\_\_\_

# Manhattan Park District

## *Summer Camp Registration Forms 2019*

**Please check the camp(s) your child will attend to ensure we have emergency information at each camp:**

- Camp Chickadee
- Camp Coyote
- Before/After Camp (Camp Coyote only)





# MANHATTAN PARK DISTRICT SUMMER CAMP HEALTH HISTORY & EMERGENCY FORM

Please complete the following information for our records.

### Part I: General Information

Child's Name: \_\_\_\_\_ Birthdate & Age: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*(If different from above)*

Parent/Legal Guardian Email: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*(If different from above)*

Parent/Legal Guardian Email: \_\_\_\_\_

### Part II: Emergency Release Authorization/Authorized Pick-Up List

Only the following people listed below will be allowed to pick up your child, unless the Camp Coordinator receives written notification in advance by the parent/guardian.

**I/we give the following people permission to pick up my child and contact in the event of an emergency, should I/we be unable to be reached:**

*Please list in preferred order to be called*

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

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

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

**To ensure the safety of all participants, anyone on your pick-up list may be required to show photo identification upon arrival.**

Please explain any custody/divorce or other family concerns about which camp staff should be aware:

\_\_\_\_\_  
\_\_\_\_\_

### Part III: Health History/Allergies

A parent/legal guardian must fill in the following information. The intent of this information is to provide camp personnel the background for appropriate care. Keep a copy of the completed form for your records.

**My child is up-to-date on immunizations and tetanus shots** \_\_\_\_ Yes \_\_\_\_ No

**Dietary Restrictions - this individual cannot eat the following:**

\_\_\_\_ Peanuts/Tree Nuts \_\_\_\_ Pork \_\_\_\_ Poultry \_\_\_\_ Seafood \_\_\_\_ Eggs \_\_\_\_ Gelatin \_\_\_\_ Other (describe) \_\_\_\_\_

**Please list all known allergies:**

Food Allergies	Describe Reaction and Management of the Reaction
_____	_____
_____	_____
_____	_____

Other Allergies (medication, insect stings, environmental, etc.)	Describe Reaction and Management of the Reaction
_____	_____
_____	_____
_____	_____

**Will your child need medication during camp hours?** \_\_\_\_ No \_\_\_\_ Yes *(If yes please fill out Medication Dispensing Form)*

Please explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary).

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Please provide any additional information about the child's behavior and physical, emotional, or mental health about which we should be aware.

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**Part IV: Authorization for Emergency Medical Treatment**

I do herewith authorize the Manhattan Park District to take action as necessary in case of an emergency.

Name of Minor \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Part V: Review of Policies and Procedures**

I have read and understand the information in the Summer Camp Parent Manual/Letter regarding camp policies and procedures, and agree to abide by them.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medication Dispensing Information Waiver and Release of All Claims (page 1 of 2)**

*This form must be completed for each program session or when medication changes.*

The Manhattan Park District will not dispense medication to a minor child or any other participant until the **Permission and Waiver to Dispense Medication and Medication Information Form** is fully completed by a parent or guardian.

Participants Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's/Guardian's Name(s): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Program Name: \_\_\_\_\_

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

MEDICATION NAME	DOSAGE	TIME TAKEN	DOCTOR'S NAME

Please list any possible side effect of medication and which medication they apply to.

\_\_\_\_\_

\_\_\_\_\_

Please list special dispensing or storage instructions that may apply to the medications and which medications they apply to.

\_\_\_\_\_

\_\_\_\_\_

I \_\_\_\_\_ the parent/guardian of \_\_\_\_\_  
(Print Name) (Print Name)  
 informed the staff of the Manhattan Park District that my child is able to self-administer his/her medication listed above.

I \_\_\_\_\_ the parent/guardian of \_\_\_\_\_  
(Print Name) (Print Name)  
 give permission to the staff of the Manhattan Park District to administer to my child the medications listed above.

**Medication Dispensing Information Waiver and Release of All Claims (page 2 of 2)**

*This form must be completed for each program session or when medication changes.*

The Manhattan Park District will not dispense medication to a minor child or any other participant until the **Permission and Waiver to Dispense Medication and Medication Information Form** is fully completed by a parent or guardian.

I understand it is my responsibility to give medication (Including Inhalers) directly to the program staff in individual dosage container, original prescription containers, or envelopes clearly labeled with participants name and dosage. I also understand, that over the counter medicine such as cough medicine, Tylenol etc., will not be administered.

In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to the Manhattan Park District to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medications to my minor child. In consideration of the Manhattan Park District administering medication to my minor child, I do hereby fully release or discharge the Manhattan Park District, and its officers, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child may have, arising out of, connected with, incidental to, or in any way associated with the administering of medication. I further agree to indemnify, hold harmless and defend the Manhattan Park District, and its officers, agents, volunteers and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child and arising out of, connected with, incidental to or in any way associated with the administering of medication.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, guardian, ward, or other family member is accurate. I also understand that it is my responsibility to inform the agency if any changes in the dispensing of medication changes. I will do so by completing another Permission to Dispense Medication Form.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT INFORMATION**

The Manhattan Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Manhattan Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for the below listed programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

**WARNING OF RISK**

Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slip and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities exist. In this regard, it must be recognized that it is impossible for the Manhattan Park District to guarantee absolute safety.

**WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK**

Please read this form carefully and be aware that in signing up and participating in the programs listed below, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with these programs (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs against the Manhattan Park District, including its officials, agents, volunteers and employees.

**PHOTO DISCLAIMER**

Registrants and participants permit the taking of photos and videos of themselves and their children during Park District activities for publications and use as the Park District deems necessary.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

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

**PARTICIPATION WILL BE DENIED IF THE SIGNATURE OF ADULT PARTICIPANT OR PARENT/GUARDIAN AND DATE ARE NOT ON THIS WAIVER.**