EMERGENCY INFORMATION FORM



GENERAL INFO

CAMPER'S NAME:, _		NICKNAME:				
ADDRESS:						
AGE: BIRTHD	ATE:/	GENDER: PRONOUNS:				
GRADE ENTERING:	SCHOOL A	TTENDED:				
PARENT/GUARDIAN INFO						
1 PARENT/GUARDIAN'S NAME:	IAST	,				
PHONE #:						
2 PARENT/GUARDIAN'S NAME:	LAST	,				
PHONE #:						
IN CASE OF AN EMERGENCY- WHO SHOULD WE CONTACT?						
PARENT/GUARDIAN #1	PARENT/GUARDIA	N #2 OTHER:				
*MUST PROVIDE A NOTE ON DAY SUB W. My child has permissio	ILL BE PICKING UP	or FROM camp. Cl				
MEDICAL INFO						
HEALTH CARE NEEDS/CONCER	NS:					
TYPES OF MEDICATION TAKEN	FOR HEALTH CARE NEED	OS:				
KNOWN ALLERGIES/SYMPTON	/IS/TREATMENT:					
BEHAVIOR/DISCIPLINE DOES YOUR CHILD REQUIRE 1v		NO				
DOES YOUR CHILD HAVE AN IE	P? YES NO					
Please Explain:						
BEHAVIORAL ISSUES:						
MOST EFFECTIVE FORMS OF BE	HAVIOR MANAGEMENT	USED AT HOME:				





POLICY ACKNOWLEDGEMENT

SUNSCREEN POLICY:

It is the parent's responsibility to apply sunscreen before sending your child to camp. Staff members are not permitted to apply
otion sunscreen to your child, only spray sunscreen. Parents may send sunscreen and we will remind the children to re-apply
throughout the day.
Initial:

OTHER Additional information to know about your child: _				
SIGNATURE OF PARENT/GUARDIAN	DATE			
PARENT HANDBOOK: I have thoroughly read the Parent Handbook and agree to	the rules and	l regulations.		
CARLISLE COMMUNITY POOL MEMBERS: Does your child have a season pass to the Carlisle Commun	nity Pool?	YES	NO	
PHOTO RELEASE: I hereby give my permission for my child's picture to be use video, or promotional materials. Initial:	ed by the Cai	lisle Parks and	Recreation Depart	ment for publication,
WAIVER & RELEASE: I read and adhere to Carlisle Parks and Recreation's Waive Initial:	r & Release v	vhen registering	g my child for cam	p.
MEDICATION POLICY: Campers are not permitted to have over-the-counter (OTC Epi-pens and inhalers are allowed, but must be clearly mar all times. No camp staff is permitted to administer medical Initial:	ked with the	•	•	
ILLNESS POLICY: If your child is sick, <u>DO NOT BRING HIM/HER TO CAMP</u> . If y and pick up the child. In the event that a parent cannot be notified. Initial:			• • • • • • • • • • • • • • • • • • • •	
BEHAVIOR/DISCIPLINE POLICY: Harassment, bullying, fighting, inappropriate behavior/lan not be tolerated. Retaliation is also prohibited. My child m Initial:	0 0			es and procedures will
lotion sunscreen to your child, only spray sunscreen. Parenthroughout the day. Initial:	nts may send	sunscreen and v	we will remind the	e children to re-apply