

EMERGENCY INFORMATION FORM



GENERAL INFO

CAMPER'S NAME: _____, _____ NICKNAME: _____
LAST FIRST
ADDRESS: _____ APT #: _____ CITY/STATE/ZIP: _____
AGE: _____ BIRTHDATE: ____/____/____ GENDER: _____
GRADE ENTERING: _____ SCHOOL ATTENDED: _____

PARENT/GUARDIAN INFO

1 PARENT/GUARDIAN'S NAME: _____, _____
LAST FIRST RELATION TO CHILD
PHONE #: _____ EMAIL ADDRESS: _____

2 PARENT/GUARDIAN'S NAME: _____, _____
LAST FIRST RELATION TO CHILD
PHONE #: _____ EMAIL ADDRESS: _____

IN CASE OF AN EMERGENCY- WHO SHOULD WE CONTACT?

☐ PARENT/GUARDIAN #1 ☐ PARENT/GUARDIAN #2 ☐ OTHER: _____
NAME / RELATION TO CHILD / PHONE #

SUBSTITUTE PICK UP PERSONS _____, _____, _____

*MUST PROVIDE A NOTE ON DAY SUB WILL BE PICKING UP

My child has permission to walk/ride TO _____ and/or FROM _____ camp. Check and Initial: _____

MEDICAL INFO

HEALTH CARE NEEDS/CONCERNS: _____

TYPES OF MEDICATION TAKEN FOR HEALTH CARE NEEDS: _____

KNOWN ALLERGIES/SYMPTOMS/TREATMENT: _____

BEHAVIOR/DISCIPLINE

BEHAVIORAL ISSUES: _____

EFFECTIVE FORMS OF BEHAVIOR MANAGEMENT AT HOME: _____

OTHER

HELPFUL INFO YOU WANT US TO KNOW ABOUT YOUR CHILD: _____

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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 lotion sunscreen to your child, only spray sunscreen. Parents may send sunscreen and we will remind the children to re-apply throughout the day.

Initial: _____

BEHAVIOR/DISCIPLINE POLICY:

Harassment, bullying, fighting, inappropriate behavior/language and continual disregard for camp policies and procedures will not be tolerated. Retaliation is also prohibited.

Initial: _____

ILLNESS POLICY:

If your child is sick, DO NOT BRING HIM/HER TO CAMP. If your child becomes ill while at camp, the parent will be called to come and pick up the child. In the event that a parent cannot be reached, an individual on the Emergency Contact Form will be notified.

Initial: _____

MEDICATION POLICY:

Campers are not permitted to have over-the-counter (OTC) medicines in their possession. Staff will not provide OTC medicines. Epi-pens and inhalers are allowed, but must be clearly marked with the child's name and must be kept in the child's backpack at all times. **No camp staff is permitted to administer medication.**

Initial: _____

HOLD HARMLESS STATEMENT:

...I shall defend, hold harmless and indemnify the Borough of Carlisle against all expenses, liabilities and claims of every kind, including reasonable counsel fees, by or on behalf of any person or entity (including but not limited to the organization, its members, participants, spectators, officials and other third persons) arising out of any activity what-so-ever conducted on or around the premises to which this agreement pertains and the Carlisle Parks and Recreation has my permission to interview / photograph / videotape / film me and/or my child for use in Carlisle parks and Recreation publications, photographic or electronic images, and print media including advertising and news articles in the local newspapers and other related media.

Initial: _____

PHOTO RELEASE:

I hereby give my permission for my child's picture to be used by the Carlisle Parks and Recreation Department for publication, video, or promotional materials.

Initial: _____

2026 PARENT HANDBOOK:

I have thoroughly read the 2026 Parent Handbook and agree to the rules and regulations.

SIGNATURE OF PARENT/GUARDIAN

DATE