



CONTACT FORM

CHILD NAME/INFORMATION

_____	_____	_____	_____
Last	First	Age	
_____	_____	_____	_____
Address	City, State, Zip	Birthdate	Grade Entering

EMERGENCY CONTACT INFORMATION

1. _____	_____	_____	_____
Name	Relationship	Telephone #	Email
<i>*#1 is the primary contact during camp hours- contacted regarding an emergency/ change in schedule*</i>			
2. _____	_____	_____	
Name	Relationship	Telephone #	
3. _____	_____	_____	
Name	Relationship	Telephone #	

MY CHILD HAS PERMISSION TO WALK HOME yes no

If yes: _____ At the end of the day
 _____ At whatever time they please
 _____ Only with a signed/dated note

Please send a signed note with your child if someone else will be picking up from camp

MY CHILD MAY HAVE HIS/HER PHOTOGRAPH/ VIDEO TAKEN WHILE AT CAMP

X _____



MEDICAL FORM

MEDICATION POLICY:

Medication must be in a bag or bottle, labeled with the child's name. Directions, along with a signed form, must be provided with the dosage of medication needing administered and the time the medication needs to be taken. Parent/Guardian should give the medication directly to a leader when the child is dropped off. Over the counter medications will not be provided.

ILLNESS POLICY:

If your child is sick, do not bring them to camp. Carlisle Parks and Recreation has the right to refuse anyone who appears ill. The child will be asked to leave if they exhibit any of the following: fever 100 degrees or higher, diarrhea, vomiting, pink eye, Strep Throat, head lice, Chickenpox, etc. Children who have been ill may return when: They are free of fever, vomiting and diarrhea for 24 hours, have been treated with an antibiotic for 24 hours, are able to participate comfortably in usual activities, are free of open/oozing skin conditions, or have a note from a physician stating they are no longer contagious and may return to our program.

X _____
I confirm that I have read, understand and agree to the above policies.

ALLERGIES

Symptoms, reactions, treatments, care: _____

DIETARY NEEDS

DAILY MEDICATIONS THAT NEED TO BE TAKEN AT CAMP

DOES YOUR CHILD NEED: INHALER EPI-PEN?

MEDICAL CONDITIONS/ SPECIAL NEEDS AFFECTING PARTICIPATION IN CAMP

SWIMMING ABILITY WEAK AVERAGE STRONG

Comments: _____

ANY BEHAVIORAL ISSUES

MOST EFFECTIVE FORMS OF BEHAVIOR MANAGEMENT AT HOME

ANY OTHER INFORMATION THAT YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD
