

City of Saline
Parks & Recreation Department
KIDS CAMP EMERGENCY FORM

Contact Information

Camper Name _____ Camper Date of Birth _____

Camper Address _____ City _____ Zip _____ Phone _____

Parent/Guardian Name _____ Phone(H) _____ Phone(C) _____

Location of Parent when child is at camp _____ Phone (W) _____

Parent/Guardian Name _____ Phone(H) _____ Phone(C) _____

Location of Parent when child is at camp _____ Phone (W) _____

If my child becomes ill or injured at camp and needs to leave camp, the parent(s) listed above will be contacted. In the event that the parent(s) is not available, list in order who should be called:

Name	Relationship	Home	Work	Cell
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1. _____

2. _____

*If a custodial parent requests that a non-custodial parent *not* pick up a child, that request must be in writing.

Camper Release Authorization

NAMES OF PERSONS OTHER THAN PARENTS TO WHOM CHILD MAY BE RELEASED

Name	Relationship	Home	Work	Cell
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1. _____

2. _____

3. _____

4. _____

Please note: Parents must notify camp staff each day that their child is leaving camp with someone other than themselves. Parents may add names to the list as the camp week progresses. When a custodial parent requests that a camper not be signed out to a non-custodial parent, such request must be in writing.

Saline Parks & Recreation Kids Camp

Health History

Do you carry family medical/hospital insurance? _____ Health Carrier _____

Policy/Group# _____ Physical Name & Phone _____

Record of past year medical treatment

Date Injury/condition

Record of immunizations (please list)

Date Immunization Date Immunization Date Immunization

_____ Measles _____ DTP/DT/Td _____ Rubella

_____ Mumps _____ Mumps _____ Other

Allergies and Medical Conditions

Allergy/Condition What happens Treatment

Restrictions (Dietary/Physical)

In order to provide the best camp experience possible, please provide any additional information about your child's behavior, physical, emotional, and/or mental health in which the camp staff should be aware.

Please note: if your child needs to take prescription or non-prescription medicine while at camp, then the parent or guardian will need to fill out a Medication Authorization Form when you drop off your child at camp. All medicine must be in its original container.

Please read and sign:

I hereby grant permission to Saline Parks & Recreation staff to perform basic first aid on my child and/or contact the appropriate hospital, emergency clinic or agencies to secure and administer treatment should the need arise. I also assert that the Health History is correct and complete to the best of my knowledge, and the person described herein has permission to engage in all camp activities except as noted. The undersigned, for and in consideration of permission to participate in the herein described events sponsored by the City of Saline, does hereby waive, release and discharge any and all claims against the City of Saline, its representatives employees, volunteers, sponsors, and all others associated with the conduct of such events, for any and all damages arising out of such participation in such events by the undersigned, and/or the minor child and/or children of the undersigned participating with the consent of the undersigned as evidenced by the execution of this instrument.

Signed: _____ Date: _____

(Parent or Guardian)