

2018 Metro Parks Tacoma Summer Camper Information Form

Please complete form and return to summer camp staff

Which Camp : _____

Has this form already been completed this summer? No Yes If yes – list camp _____
If all information is the same, this form is not required twice

Name of Camper _____ Birthdate _____

Grade _____ Student ID _____ Gender _____ T-shirt size _____

Address _____ City _____ Zip _____

Main Contact – this is who we will call for information and in case of emergency

Parent/Guardian _____ Relationship to camper: _____ E mail _____

Primary phone _____ Secondary phone _____

2nd Parent/Guardian _____ Relationship to camper: _____ E mail _____

Primary phone _____ Secondary phone _____

Authorized Pick-up

In addition to parent/guardians above, the following individuals are authorized to pick up my child. Any changes to this list must be in writing and made only by the Main Contact(s) listed above.

Name	Relationship	Address	Phone
1) _____			
2) _____			
3) _____			

Are there any active court orders, custodial issues, or schedules that we should be aware of? Yes No

If yes, please contact the program coordinator.

MEDICATION INFORMATION

Will your child need to take medication during camp hours? Yes No

The program will not give medications/shots of any kind to participants

The program can store medications and remind participants when to take them. You must be able to open the bottle or packet and take the medication yourself

ALL medication must be clearly labeled with: camper name, name of the medication, dosage & time to be taken

If yes, please complete and return the **Medication Information Form**

Hospital Preference _____ Address _____

Dietary Needs & Restrictions

Please list restrictions or needs

Please check answer and explain if needed

Does your child sunburn easily? Yes No Unknown

Does your child have seizures? Yes No Unknown

Is your child allergic to insect stings? Yes No Unknown

Is your child allergic to any medication? Yes No Unknown

Is your child allergic to any foods? Yes No Unknown

Does your child have any other allergies? Yes No Unknown

What is the primary language spoken at home? _____

If yes to any of the above, please describe reaction and treatment: _____

Please check any of the following devices your child wears/uses and explain what information camp staff need to support/assist your child

Glasses Contact Lenses Orthopedic Devices _____ Hearing Aid

Prosthesis _____ Wheelchair Crutches

Social

Describe how your child interacts/ responds in social situations. For example, how is your child at reading social cues, including body language and eye contact?

Describe how your child responds to physical contact. For example – prefers no physical contact at all or responds appropriately to a high-five.

What is your child’s approach to establishing relationships with other children? Are they shy, outgoing etc..?

How does your child handle transitions? What are some helpful techniques you’ve used to assist with transitions?

What are the signs that your child is getting angry, frustrated, or disappointed? And what are the best techniques to calm or soothe your child?

Please describe your child's likes, dislikes, and fears?

Communication

Please check all that apply about your child's communication:

- Verbal Uses Sign Language Uses Communication Device_____

Safety

- Is your child willing to stay with a group? Yes No _____
- Can your child recognize danger? Yes No Unknown
- Is your child able to say name and phone number? Yes No Unknown
- Does your child swim? Describe swimming ability Yes No _____
- Does your child need a lifejacket? Yes No _____

Campers should be able to participate in group activities. Camp staff are responsible for organizing and providing recreational experiences. They cannot provide attendant care such as assistance in the restroom. They will remind campers to use the restroom throughout the day and will enthusiastically encourage campers to participate in activities, but cannot provide 1:1 assistance.

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

Any additional information about the camper's behavior or physical, emotional or mental health which the camp should be aware? Include recommendations for handling these issues during the camp experience.

PERMISSIONS

My child may be photographed for publication and promotions Yes No

Staff may apply sunscreen spray to my child during the day Yes No

Staff may apply insect repellent to my child during the day Yes No

My child has permission to participate in swimming and water activities including swimming at supervised area pools, wading pools, beaches, and spray grounds. Yes No

(keep in mind not all camps will be accessing water)

RELEASE OF LIABILITY

I waive all rights and release all claims that might be had against the Metropolitan Park District of Tacoma, its hired or contracted instructors, and their employees and agents, for any and all injuries or losses which may be suffered because of my participation or my child's participation in the above activity offered by the Park District, in consideration of permission of the Park District to participate in the activity.

I consent to my child's participation in the activity/program of the Metropolitan Park District of Tacoma, and authorize the District and its employees or agents to provide emergency medical treatment for my child or on my behalf. To the best of my knowledge, my child has no physical or other conditions which would interfere with his/her participation.

I give my permission to have my photo or the photo of my child or children taken during classes and used for publicity purposes by the Park District. I give my permission for my child to be transported in vans or buses for camp specific activities.

Date _____ Signature: Parent, Legal Guardian, Participant, 18 years or older

Medication Information

Camper Name: _____

Please complete this form if your child needs to take medication during camp hours.

- The program will not give medications/shots of any kind to participants
- The program can store medications and remind participants when to take them. You must be able to open the bottle or packet and take the medication yourself
- Medication must be labeled with: camper name, name of the medication, dosage & time to be taken
- Call regarding liquid medication or medications that must be refrigerated.

I will bring medication and I want the program to: (check all that apply):

_____ Store my medication

_____ Remind and watch me take my medication

I am taking the following medication(s):

_____	Is the time this medication needs to be taken flexible? YES NO	
TIME of day medication is to be taken		
List MEDICATIONS here:	Dosage/Amount	How? (ie: with water, after meal, on empty stomach, etc)
_____	_____	_____

_____	Is the time this medication needs to be taken flexible? YES NO	
TIME of day medication is to be taken		
List MEDICATIONS here:	Dosage/Amount	How? (ie: with water, after meal, on empty stomach, etc)
_____	_____	_____

_____	Is the time this medication needs to be taken flexible? YES NO	
TIME of day medication is to be taken		
List MEDICATIONS here:	Dosage/Amount	How? (ie: with water, after meal, on empty stomach, etc)
_____	_____	_____