



**PROSPECT HEIGHTS  
PARK DISTRICT**

(847) 394-2848  
Fax (847) 394-7799

110 W. Camp McDonald Road, Prospect Heights, Illinois 60070

2010 Camper Information Sheet

Child's Name	Today's Date	
Nickname (if applicable)	Child's Email	
Address	City	Zip
Home Phone	Birthdate	Age
Camp Attending	Grade	M/F

Parent/Guardian with whom child lives:

Name	Relationship
Business Name	Business Phone
Cell Phone	Pager Number
Email:	
Name	Relationship
Business Name	Business Phone
Cell Phone	Pager Number
Email:	

In the event of an emergency, and the parent/guardian is unable to be reached,  
the above named child may be released to:

Name	Relationship
Home Phone	Business Phone
Cell Phone	Pager Number
Name	Relationship
Home Phone	Business Phone
Cell Phone	Pager Number
Name	Relationship
Home Phone	Business Phone
Cell Phone	Pager Number
Name	Relationship
Business Name	Business Phone
Cell Phone	Pager Number

Medical Information

Child's Physician
Address
Phone

**Please turn over to page 2**

**Please list any concerns we should be aware of (medical conditions, food allergies, medications, etc).**


**Please list any specific conditions or accommodations that we should be aware of regarding your child.**


**Please list the date of last tetanus and immunizations**


**Please check all that apply**

<input type="checkbox"/> I hereby give permission for my child to walk home after camp has dismissed for the day. I understand children must participate in the extended care program in the event of inclement weather, and I will be responsible for picking them up from the GMRC.
<input type="checkbox"/> I hereby give permission for my child to participate on field trips with the Prospect Heights Park District Summer Camp 2010. I understand transportation may include walking, park district vans, or chartered school bus.
<input type="checkbox"/> If at any time, an emergency occurs, and we are not able to reach a parent/guardian or secondary contacts, I hereby authorize the Prospect Heights Park District to take emergency measures as necessary to ensure my child's health and welfare. I will assume responsibility for any fees incurred in the administration of such medical treatment.
<input type="checkbox"/> I hereby grant permission for the emergency transportation and treatment of my child and the release of this registration form, which provides medical and other emergency information.
<input type="checkbox"/> I understand that camp staff <b>will not</b> apply sunscreen on my child, however they will supervise the child in doing so.

Parent/Guardian Signature

Date

\_\_\_\_\_ signed waiver on file

Please complete page 1