

Dear parents and campers,

Welcome to 2024 Camp Adventurers! We are extremely excited to have you with us this year, and look forward to a fun filled and action packed summer full of excitement, adventure, and a chance to make new friends. This summer’s camp will feature a variety of activities including arts and crafts, games, outdoor activities, fieldtrips, and much more.

Please take a few moments to review this manual, as some of our policies have changed. This manual has been designed to help with questions you may have about our program. Enclosed you will find some important forms to fill out and return to us. Please return all forms to the main office as soon as possible, the information forms are the only forms you are to keep.

**We MUST have all forms of information a week prior to you leaving your child(ren) the first day of camp.**

While all of the forms are very important, we ask that you specifically go over and discuss the camp behavior policy and rules with your child. Remember safety is our number one concern!

A list of our June field trips will be available in May 2024 for you to view. Please understand that trips may be rearranged or changed due to weather or circumstances out of our control. You will receive a monthly schedule on the first day of every month. We will do our best to stick to this schedule, but changes may be necessary.

Camp Director: Ms. Megan

Assistant Camp Director: Ms. Susan

If you have any questions or concerns now or throughout the summer, please feel free to contact the summer camp coordinator at meganv@washingtonparkdistrict.com or 309-444-9413.

Sincerely,

Camp Adventures Staff

**Sign Up By Week**

**Grades K – 2 and 3 – 6  
Time: 9AM – 4:30PM**

**Session Days Dates Fee R/NR**

Kickin’ It OffMon – Fri June 3-7 $150/$175

Luau Party Mon – Fri June 10 – 14 $150/$175

Under the Sea Mon – Fri June 17-21 $150/$175

Sports Mania Mon – Fri June 24-28 $120/$140

Stars and Stripes Mon – Fri \*July 1-5 $150/$175

Crazy Days Mon – Fri July 8-12 $150/$175

Hollywood Mon – Fri July 15-19 $150/$175

Christmas in July Mon – Fri July 22-26 $150/$175

Splish Splash! Mon – Fri July 29-Aug 2 $150/$175

Wrappin’ It Up Mon – Fri August 5-9 $150/$175

\*No camp on July 4th

**What to bring to camp!**

**Each camper will have his/her own locker to put their items in each day.**

**Every day, campers should bring the following items:**

* A back pack
* A sack lunch (including drink)
* A swimsuit
* A towel
* Water Bottle - Your child will need their water bottle during our afternoon snack as well as during our frequent water breaks throughout the day.

All items should be clearly marked **with camper’s name**.

**\*PLEASE SEND A SWIMSUIT EVERYDAY. WE DO WATER ACTIVTIES DAILY!\***

**SUNSCREEN**

As a staff we do our very best to ensure campers do not get sun burned, but we need your help! It is much easier for us to have a camp supply of sunscreen instead of every camper having his/her own in their backpacks. **Therefore, every camper is asked to bring 1 bottle of aerosol spray sunscreen per every week they attend!** We recommend that you apply sunscreen to your child before dropping them off.

**CLOTHING**

Children attending camp will receive a camp T-shirt. Camp T-shirts will be required only on field trip days (Tuesdays & Thursdays). Campers will only receive one shirt. We recommend that your child be dressed in clothes that do not restrict participation in activities. Shorts or pants are recommended. **Campers should also wear tennis shoes; no flip-flops or other open toed shoes may be worn.** We will be playing a lot and sandals can break or cause injuries.

**FIELD TRIPS**

A minimum of one field trip per camp session will be taken. Some trips will be walking trips around town or trips where transportation will be provided. All entry fees for trips are included. **On field trip days, campers will be required to wear their camp T-shirts.\***

**TOYS FROM HOME**

Please have your children keep their toys and personal possessions at home. IPads, hand-held video games, cell phones and other electronics are **NOT** allowed at camp. If they are found, they will be placed at the Park Districts front office until pick up time.

**AM & PM Extended Hours Care**

New to camp is our daily AM & PM Extended Hours Care. No longer will you need to purchase by 15-minute increments. We are now offering daily AM or PM rates. If you need both coverages, please choose both during the registration process.Refunds/credits will not be issued for unused days. Late fee $1 per minute after 4:30 PM.

Campers must be pre-registered for before & after camp care prior to the start of camp. To register for AM or PM care, please stop in the office if not purchased at time of registration.

**AM Extended Care: 6:30 – 9AM PM Extended Care: 4:30 – 6PM**Resident Fee: $7 per day Resident Fee: $5 per day  
Non-Resident Fee: $8 per day Non-Resident Fee: $6 per day  
 $1 per minute after 6PM

**TRANSPORTATION TO SWIM LESSONS & WPD PROGRAMS**

We will be happy to provide transportation to swim lessons or other WPD programs that take place prior to 11:00 a.m. start time. **Camp field trips/special activities do take priority.** If a schedule conflict arises, please let us know. It is the parent’s decision as to what program their child will attend or make other arrangements for transportation for their child. Communication with us is greatly appreciated. You will need to fill out an **Activity Transport Form** telling us what time the lesson/program is and the location. Look for our camp logo by the activity. If a camp logo is next to the activity we will provide transportation.

**ARRIVAL/DEPARTURE**

Camp is held at the Washington Park District Recreation Facility located at 105 S. Spruce Street. Parents are required to come into the building and accompany their children to our Camp Adventurers table. It is also required for the parents to pick up their children and sign them out with the appropriate staff member.

**Only persons listed on the authorized pickup list can pick up your child.** Persons picking up campers may be asked to show photo id. **Each child must be signed in and out daily.**

**ABSENCES/ILLNESS**

Please notify the Washington Park District at 444-9413 if your child will be absent or cannot attend due to illness. If a child becomes ill during the program a parent will be notified and asked to pick up their child. If the parent is unavailable, the emergency contacts will be called. **Your child must be fever free for 72 hours before returning to the program.**

In case of contagious disease, please notify a Camp Adventurers staff immediately. All parents of campers at that site will be notified as soon as possible.

**Fees cannot be adjusted for absences. Any refunds must be requested to the Park District no later than two weeks before the start of camp for a refund minus the deposit. If a refund is requested after this time a 50% refund will be given up to 2 business days before camp begins. No refunds will be given after that point.**

**MEDICATIONS**

Counselors are not allowed to administer medication to any children unless the parents have notified the Park District Office that their child needs medication and have signed a **Medication Dispensing Information Form** and **Waiver.**

\* A doctor’s note must be on file. You need to provide a letter from your doctor stating the name of the medication your child is on, the dosage and what time the medication is to be given.

**Join Remind**

**DISCIPLINE**

The purpose of discipline is to help a child develop self-control and to learn to assume responsibility for his or her own actions. We use only positive statements, natural consequences and reinforcement to redirect negative behavior. Our Behavior Management Procedures is included in the following pages. Please go through this with your child and discuss these expectations. **This form will need to be signed by both parent and child.**

**\*\*\*\*Fighting and dangerous activity that threatens the safety of the camper and others may result in immediate suspension or expulsion from camp to be determined by camp staff and the Washington Park District supervisor. The Washington Park District reserves the right to make this decision as necessary.** **Refunds are not issued in the event of a suspension.**

* **This program adheres with many of the DCFS guidelines, but is not licensed or regulated by DCFC with the state of Illinois**
* **We are a “NO FIREARMS” facility.**

**Washington Park District Camp Adventurer’s**

**Behavior Management Policy**

In order for us to have a safe and enjoyable summer, we have established some guidelines. Please read and discuss the rules, and consequences with your child. The following rules must be followed at all times, both while in our building and on field trips:

1. Campers must follow staff directions the first time asked.
2. Campers must stay with their assigned group and counselors at all times.
3. Campers must have permission to leave the designated camp areas.
4. Profanity, fighting, and disruptive behavior are not allowed.
5. Campers must participate in the scheduled activities.
6. Campers must respect camp property, camp staff, and other campers.
7. When riding the bus campers are expected to sit on their bottom with their feet on the floor and use appropriate indoor voices.
8. No gum, candy or toys from home.

If a camper is fighting, using profanity, destroying camp property, and/or being disrespectful to other campers or camp staff, they will be asked to sit out the rest of the day. A camp staff member will call the parent or guardian. Depending on the severity of the behavior the parent may have to come pick the child up.

Each camper will begin with three cards each day. If a camper violates any of the camp rules or misbehaves in any way, a counselor will pull a card. Each card has a consequence of different severity. The counselor will document the behavior, date, and time on our “pulled card/incident” sheet. If a camper does not follow the camp rules, discipline will be as follows:

**1st offense (yellow):** The camper will be asked to sit out of the activity for ten to fifteen minutes.

**2nd offense (orange):** The camper will be asked to sit out of the activity for thirty minutes to an hour and a camp staff member will contact the parent

via a phone call to inform them of the inappropriate behavior.

**3rd offense (red):** The camper will be asked to sit out the remainder of the day and a camp staff member will call the parent or guardian about the camper’s behavior. Depending on the severity of the behavior the parent may have to come pick the child up at that point.

Any continued behavior after the 3rd offense will be a cause for suspension from camp at the discretion of the supervisor. Once the red card has been pulled the camper will not be able to participate in the scheduled field trip. If the behaviors occur in the morning, they will not participate in the afternoon field trip, but if the behaviors occur in the afternoon or on a field trip the camper will be unable to participate in the next field trip scheduled.

\*This is given if a child was involved in an incident where there was no physical harm and they did not break any rules. Our top priority after safety is communication. We feel it is important to keep parents up to date on what is happening involving their child.

**Any behavior incidents will be documented and a written incident report will be presented to the parent at time of pick-up. Parents must sign the report and it will be put in the child’s file.**

A copy of the incident report will be available for the parent to take home.

After you have read and discussed the rules with your child, please sign and have the child write their name at the bottom of this form and return it on the first day of camp.

If you have any questions, please contact the park district office at 309-444-9414.

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**Assumption and Acknowledgement of Risk**

Although Washington Park District has taken reasonable steps to provide me with appropriate equipment and/or skilled staff for my program, I acknowledge these programs have risks, including certain risks that cannot be eliminated without destroying the unique character of these programs.

These risks can cause loss or damage to my equipment, accidental injury, illness, or in extreme causes, permanent trauma, disability or death.

I understand that the Washington Park District does not want to frighten me or reduce my enthusiasm for this activity, but thinks it is important for me to know in advance what to expect and to be informed of the program’s inherent risks. The following describes some, but not all, of those risks.

**Possible injuries and illnesses include abrasions, lacerations, strains, sprains, and fractures; insect bites or allergic reactions; sunburn, heat exhaustion, dehydration, and other mild or serious conditions.**

I agree to assume responsibility for the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to participate and I elect to participate in spite of and with full knowledge of inherent risks.

Medical or accident insurance does not cover participation in Washington Park District activities. Each participant must furnish his/her own personal coverage. Many sport activities and programs have inherent elements of danger. Parent permission is needed to call an ambulance in any emergency. As a parent/guardian of a participant under 18 years of age, I hereby agree to hold harmless and indemnify the Washington Park District, its trustees, employees and Board of Commissioners from any responsibility for any accident, injury or damage that may occur as a result of the participant’s acts or omissions. In case of an accident or sickness, I consent to emergency medical care provided by ambulance or hospital personnel.

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Minors Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Ages 17 & under)**

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| --- | --- | --- |
| **Child Name** | **Childs Age** | **Birthdate** |
|  | **Grade Entering in Fall** | **Nickname** |
| **Mothers Name** | **Home Phone** | **Child lives with** |
| **Home Address** | **Cell Phone** |  |
| **Place of Employment** | **Work Phone** | **Mothers Birthdate** |
| **Fathers Name** | **Home Phone** | **Fathers Birthdate** |
| **Home Address** | **Cell Phone** |  |
| **Place of Employment** | **Work Phone** |  |
| Additional persons that your child may be released to and that we can call in case of emergency.  We must have at least two names and numbers. | | |
| **Name** | **Relationship** | **Phone** |
| **Name** | **Relationship** | **Phone** |
| **Name** | **Relationship** | **Phone** |
| **Custody Information: Please list any conditions for custody, if applicable** | | |
|  | | |
| **Copy of legal papers on file? Yes No** | | |
| **Medical Information** | | |
| **Physician’s Name** | **Phone** |  |
| **Preferred Hospital** | **Other info** |  |
| List any medications that your child takes: even if we will not be administering the medication to your child in case of emergency | List any medications/times in which your child will be taking at Camp Adventurers. Doctor’s note required as well as original prescription bottle. | I give permission to the Washington Park District staff to administer the listed medications to my child. |
|  |  | **Parent Signature:** |
|  |  | **Date:** |

**Photo Agreement**: I hereby consent to the use of my minor/ward photograph in the Washington Park District brochures, publications, Washington Park District Facebook.

\_\_\_\_\_Yes, I agree that my child’s photos may be used. \_\_\_\_\_No, I do not want my child in any photos to be used for Washington Park District.

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Participant Information

Does your child have any allergies? (please list) Any special diet?

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Please let us help your child by listing what your child likes to do, special needs, services, etc.

(Hearing impaired, pertinent medical info, post traumatic disorder, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_**

**Photo & Video Policy**

Photos and video are periodically taken of participants in a class, during a special event or at Washington Park District parks and facilities. Please be aware these photos and video footage are for the Washington Park District’s use only and may be used in the District’s marketing & advertising efforts including, but not limited to, any publications, articles and the website. All photos are the property of the Washington Park District. Please contact the Washington Park District at 309.444.9413 or info@washingtonparkdistrict.com for more information.

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# Medication Dispensing Information

**\*Only Required if Medication is Dispensed**

**This form must be completed when medication changes.**

**BACKGROUND INFORMATION** *(All information MUST be printed)*

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICATION INFORMATION** *(All information MUST be printed)*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dispensing & Storage Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Possible Side Effects: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dispensing & Storage Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Possible Side Effects: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dispensing & Storage Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Possible Side Effects: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Permission to Dispense Medication**

**Waiver & Release of All Claims**

The Washington Park District will not dispense medication to a minor child or other participant until the Permission to Dispense Medication and Medication Information Form has been fully completed by a parent or guardian. The Washington Park District’s internal procedures on dispensing medication are available for review.

## **NAME OF PROGRAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print your name) (Print Child’s Name)

give permission to the staff of the Washington Park District to administer to my child:

(Medication): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Medication): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Medication): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand it is my daily responsibility to give the medication directly to the program staff in individual dosage containers, original prescription containers, or envelopes clearly labeled with the following information:

## **1. PARTICIPANTS NAME 2. NAME OF MEDICINE AND COMPLETE DOSAGE INSTRUCTIONS**

In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to the Washington Park District to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. In consideration of the Washington Park District administering medication to my minor child, I do hereby fully release or discharge the Washington Park District, and its officers, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child may have, arising out of, connected with, incidental to, or in any was associated with the administering of medication. I further agree to indemnify, hold harmless and defend the Washington Park District, and its officers, agents, volunteers and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child and arising out of, connected with, incidental to or in any way associated with administering of medication.

**Parent/Guardian Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Activity to Activity Transportation Request Form

Childs Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_

Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Activity code: \_\_\_\_\_\_\_\_\_\_

Pick up Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Only needed if not already at camp\* (Ex. Washington Park Pool)

Drop off Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Ex. Basketball Camp, WCHS Torry Gym)

Name of Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time of Activity: \_\_\_\_\_\_\_\_\_\_\_\_ Age Group of Activity: \_\_\_\_\_\_\_\_\_\_\_\_

Additional Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian(s) Name (s) and Phone Numbers**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father Phone Number

**Emergency Contacts**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Relationship Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Relationship Phone Number

**Washington Park District waiver and release**

I understand and agree, by participating in programs, services, activities, facilities, and events provided by the Washington Park District that such activities have certain inherent risks that could result in serious life limiting and/or life threatening injuries.

I further agree to release Washington Park District, Its elected officials, employees, independent contractors, or volunteers from all claims resulting from any and all injuries sustained while participating in any programs, services, activities, facilities, and events, except that arising out of sole negligence of the Washington Park District, Its elected officials, Employees, independent contractors, or volunteers.

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Parent/Guardian Signature Date