

**Crete Park Distruct Summer Day Camp
Emergency Form**

Participants Last Name:		Home Phone:	
Name of Camp:	Entering Grade:	Email:	
Address:		City:	
Mother's (Guardian's) name:		Father's(Guardian's) Name:	
Mother's (Guardian's) work number:	Circle one: call 1st, 2nd, 3rd,4th	Father's(Guardian's) work number:	Circle one: call 1st, 2nd, 3rd,4th
Mother's(Guardian's)cell/pager number:	Circle one: call 1st, 2nd, 3rd,4th	Father's(Guardian's)cell/pager number:	Circle one: call 1st, 2nd, 3rd,4th
Additional Person:	Number:	Additional Person:	Number:

<u>Child's First & Last Name</u>	<u>Date of Birth</u>	<u>Allergies (Food and Medical)</u>	<u>Medical Conditions</u>

<u>My child takes the following medications on a regular basis:</u>		
Name:	Med:	Dose

<u>Days Attending: (circle)</u>	<u>Pick Up Time</u>	<u>Primary Pick-up Person:</u>	<u>Special Needs</u>
M,T,W,TH,F/ various 1,2,3,4			

The following persons also have permission to pick up my child/children:

Name:	Relationship:	Name:	Relationship:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I have read over and understand the Crete Park District Behavior and Discipline policy.

Parent/Guardian Signature Date

I understand both the Health and Late pick-up fee and policy.
I agree to contact the Crete Park District office should an emergency arise.

Parent/Guardian Signature Date

My Child has permission to ride their bike/walk home.

Parent/Guardian Signature Date

The following person/persons are not allowed under any circumstances to pick up my child/children from the Crete Park District Day Camp Program

Parent Guardian Signature