



# EMERGENCY FORM

Please turn this form into your child's counselors the first day of camp.

Please do not return to the Barrington Park District. Thank you.

Program Name: \_\_\_\_\_

ADA-Does the participant require special accommodations or assistance?

Camp Session: \_\_\_\_\_

Please Circle One: YES or NO

Parent(s) or legal guardian placing the child in this program may sign any of the following consents:

.....  
Emergency Information

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F

Mother & Father's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H): \_\_\_\_\_ Mother (W): \_\_\_\_\_ Father (W): \_\_\_\_\_

Mom Cell Phone: \_\_\_\_\_ Dad Cell Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Special Medical Needs of child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....  
Emergency Medical Care

In case of emergency, contact:

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

This authorizes the above to secure EMERGENCY medical care for my child when I/we cannot be immediately reached at the time of the emergency. I/we will be responsible for the medical charges upon receipt of the statement. \_\_\_\_\_ is the preferred doctor/clinic/hospital.

In case of emergency, I hereby give the Barrington Park District the authority to care for my child and to take whatever steps necessary due to a medical emergency or injury. I understand that the Barrington Park District will make every attempt to contact me if such an incidence should occur.

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

Relationship to Child: \_\_\_\_\_



# Pick-Up Form

Name of Child: \_\_\_\_\_ Camp: \_\_\_\_\_

**OTHER ADULTS WHO CAN PICK UP YOUR CHILD (Photo ID will need to be shown at pick-up):**

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

**I UNDERSTAND MY CHILD/CHILDREN MUST BE PICKED UP AT THE DESIGNATED CAMP ENDING TIME. A LATE FEE OF \$5.00 FOR EVERY 15 MINUTES WILL BE PAYABLE AT THE TIME OF LATE PICKUP.**



# Field Trip Permission Form

My child, \_\_\_\_\_, has my permission to attend all off-site field trips, including but not exclusive to, area "walking" trips and all program bus/van trips. I understand that an occasion may arise when the "scheduled" trip location may change and a trip to an alternative location may occur. In case of emergency at the site location, I understand that my child would be transported to another facility for the duration of the program day and pickup. I also understand that pictures of my child may be taken at site activities or off-site field trips for program publicity purposes.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_



# Barrington Park District Medication Authorization Form

Medication should always be administered in the home whenever possible. However, under certain conditions, it is in the best interest of the child to take prescription or over the counter (OTC) medication during park district programs. The request below must be on file at the Barrington Park District with both the parent and doctor's signature. The medication must be brought to the park district program in the original container that includes all prescription or OTC information. The parents must assume responsibility for informing the park district in writing of any change in medication. The prescribed medication will be kept with the site coordinator. The participant under the supervision of the site coordinator must administer medication.

**The attending physician must complete this portion of the form.**

Student's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time of administration: AM \_\_\_\_\_ PM \_\_\_\_\_

Side effects: \_\_\_\_\_

Number of days to be given: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Date Date

Reason for Medication Prescribed: \_\_\_\_\_

\_\_\_\_\_  
*Physician's Printed Name*

\_\_\_\_\_  
*Physician's Signature*

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*Date*

I hereby state that the above information is accurate, and consent to the administration of the medication as directed above.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Home Phone*

\_\_\_\_\_  
*Cell/Work Phone*

Acknowledged by: \_\_\_\_\_  
Camp Director's Signature

*These are a general set of rules for all camps.*

**CAMP RULES:**

1. Have fun!!
2. Everyone must wear gym shoes at all times.
3. Campers should not walk up slides or stand on swings.
4. Campers should not throw sand, rocks, etc.
5. No one should ever leave the group on their own.
6. Campers shall keep their hands to themselves.
7. Swearing and/or using bad language are not acceptable.
8. Use common sense at all times.
9. Respect and treat everyone as you would like to be treated.
10. Cell phones will not be used during camp (this included texting, web browsing, etc).
11. No video games (Nintendo DS, PSP, etc.)/ I-Pods/ CD players at camp – **(Breakaway Camp is the ONLY exception- The Barrington Park District is NOT RESPONSIBLE for lost or stolen items)**

**FIELD TRIP RULES:**

1. All camp rules apply.
2. Campers may not leave the group.
3. Campers must wear gym shoes at all times.
4. Do not eat or drink on the bus.
5. No yelling on the bus.

**POOL RULES:**

1. Running is not allowed on pool premises.
2. Shoes are not allowed on the pool deck.
3. Flotation devices are not allowed on the pool premises.
4. Proper attire is required to enter the pool premises. Cut-offs or gym shorts will not be allowed.
5. Pool patrons with shoulder length hair will be required to tie back their hair.
6. Soap showers are required for all patrons.
7. Fighting or rough housing is not allowed on pool premises.
8. No swimming in the diving area.
9. No throwing or pushing people into the pool.
10. Always be safe around the pool.
11. Divers must be able to swim to the ladder.

**VERBAL RULES:**

1. Common Sense Rule (Camp Director discusses this extensively)  
-Broad Term used for anything campers know is wrong and should not do. Example: Don't throw rocks, sticks, etc.
2. No fighting
3. No swearing
4. No use of vending machines except during lunch and to purchase water

**BEHAVIOR/DISCIPLINE GUIDELINES:**

Discipline is carried out in a way to help your camper develop self-control and assume responsibility for their behavior. It is kind and gentle, yet firm. It is based on five overall rules:

1. Campers may not hurt or disturb others, verbally or physically.
2. Campers must respect others and their property.
3. All campers must be safe. They may not place themselves or others in dangerous situations.
4. Campers are responsible for their actions and belongings.
5. All campers need to listen to and respect the staff.

**DISCIPLINE PROCEDURE**

In order to provide a safe and fun environment for your child, the staff will on a daily basis utilize a few basic "camper management techniques." The staff will use redirection with uncooperative campers to engage them in another activity or redirect the entire activity in a more wholesome direction. If redirection does not solve the conflict, the campers are given a verbal warning, followed by a time-out. If the problems continue to occur, parents will be notified to help remedy the situation. A camper may be suspended from camp for repeatedly harming another person, damaging property or failure to follow safety rules.

**The following forms are for TEEN/BREAKAWAY CAMPERS ONLY**



**Teen Camp/Breakaway Camp  
Release Form**

I hereby give my child permission to walk or ride their bike home from Teen Camp and/or Breakaway Camps. I recognize once my child leaves the Barrington Park District facilities at 4:00 p.m. the Barrington Park District is no longer held liable for my child. By allowing my child to sign themselves out, the Barrington Park District releases all responsibility and liability for my child after 4:00 p.m.

Child's Name: \_\_\_\_\_ Camp: \_\_\_\_\_

Session(s) Registered: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*Office Use Only*

Supervisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_



**Teen Camp/Breakaway Camp  
Movie Permission Form**

I **will** give my child permission to watch or attend PG-13 rated movies at the Barrington Park District or at a movie theater under the guidance of the Teen Camp/Breakaway Camp staff.

I **will not** give my child permission to watch or attend PG-13 rated movies at the Barrington Park District or at a movie theater under the guidance of the Teen Camp/Breakaway Camp staff.

Child's Name: \_\_\_\_\_ Camp: \_\_\_\_\_

Session(s) Registered: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*Office Use Only*

Supervisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_