



# Summer Camp Emergency Form 2026

Please complete a separate form for each child

Participant's Name	Gender	Birthday	Grade in 26/27	Camp Name(s): (i.e.: KEEP, The Zone, Preschool, etc.)

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

Parent/Guardian #1: Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Alt #: \_\_\_\_\_

Home Address (if different than above): \_\_\_\_\_

Parent/Guardian #2: Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Alt #: \_\_\_\_\_

Home Address (if different than above): \_\_\_\_\_

Parent/Guardian Email Address(es): \_\_\_\_\_

List all emails that you want for future communication, invoices, receipt, etc. Please write clearly.

Preferred First Contact Method in the event of an emergency:  Phone Call  Text Message

**EMERGENCY CONTACTS** (must list at least 2 people OTHER than Parent/Guardian. Parent/Guardians will always be contacted first in the event of emergency).

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

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

Who, other than those listed above, has permission to pick up your child(ren) from Camp?

Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

*If you need to add additional names please write them on the back of the form.*

**SPECIAL NEEDS** (IEP, 504, etc.)  Yes  No

Additional information: \_\_\_\_\_

**ADA ACCOMODATIONS NEEDED:** (Would your child benefit from having a designated 1-1 aid or other accommodations provided by NISRA/BPD.)  Yes\*  No \*If yes, please contact the program supervisor.

**ALLERGIES:**  Yes  No

If yes, list allergies, reaction and treatment instructions: \_\_\_\_\_

### MEDICATIONS:

Is your child currently taking medication?  Yes  No

If yes, please list medication(s): \_\_\_\_\_

Will medication need to be administered during camp?  Yes  No

*If yes, please complete a **Permission to Dispense Medication Form & Waiver**.*

**Camper's Swim Level:** Your child will still be swim tested and wrist banded according to the Pool Manager's discretion. *Please note: Only applicable for K.E.E.P. Camp, Wacky Water and Teen Camp. ALL other camps do NOT swim.*

Non-Swimmer                       Beginner                       Intermediate                       Advanced                       N/A

**Permission for staff to assist with PARENT ISSUED sunscreen/bug spray (not applicable for Preschool Camps):**

YES – Staff may assist my child in applying sunscreen/bug spray that I provide.

NO – Staff may not assist my child in applying sunscreen/bug spray.

**Permission for child to use BPD ISSUED Sunscreen (not applicable for Preschool Camps):**

Coppertone SPF 50 Spray Lotion may be available if campers forget sunscreen.

YES – My child may use BPD sunscreen if needed.

NO – My child may not use BPD sunscreen.

*If sunscreen is not available or permission is not given, campers may need to sit in the shade during outdoor activities.*

**WAIVER, RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT:** By their very nature, many Park District programs involve body contact, substantial physical exertion, emotional stress and/or use of equipment which represents a certain risk. It is recommended that you check with your physician prior to participating in Barrington Park District activities. This includes the additional warning for aerobic activities. Aerobic exercise is an activity in which, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a substantial risk of injury. Dependent upon a person's physical condition, age and skill level, aerobics can involve a substantial risk of the following types of injuries. This list is by no means complete, but includes some of the more common ones: heart attack, stroke and circulatory problems, bone and joint injuries, back injury, shin splints, muscle strain and other muscle injuries, foot problems, head and neck injuries. I understand that the Barrington Park District does not provide insurance or protection against injuries sustained by program participants. Please read the following information carefully and be aware that in registering yourself or your minor child/ward for participation in the park district program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the program(s). I give permission for my child/ward/self to participate in this program, trip, or activity and hereby waive, release and forever discharge any and all claims against the Barrington Park District or School District, its commissioners, employees, and volunteers for damages and/or injuries to the registrant, which may arise from participation in Barrington Park District programs.

**WAIVER, REALEASE OF CLAIMS AND HOLD HARMLESS AGREEMENT:** I understand that participation in park district activities involves physical activity and potential risk of injury. I voluntarily allow my child to participate and waive, release, and discharge the Barrington Park District, School District, employees, and volunteers from all claims or injuries arising from participation.

**I will read the Camp Parent Handbook and both myself and my child(ren) will read and agree to abide by the guidelines set forth therein (not applicable for Preschool Camps).**

**Parent Authorization for Emergency Treatment:** In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by Barrington Park District to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child(ren). I/We will be responsible for the emergency medical charge upon receipt of the statement.

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

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_