



## Participant Information and Medical Contact Form- **Confidential**

2222 Birch Street • Des Plaines, IL 60018 • 847-391-5700

In accordance with  
the District's  
camper safety  
regulations,  
please attach a  
**recent**  
wallet size photo of

**Please check ALL CAMPS attending. We will make copies for each site.**

- |  |  |
|--|--|
| <input type="checkbox"/> Camp Discovery    | <input type="checkbox"/> Sports Xplosion |
| <input type="checkbox"/> Dance & Arts Camp | <input type="checkbox"/> Camp Opeka      |
| <input type="checkbox"/> Arndt Park Camp   | <input type="checkbox"/> Teen Camp       |
| <input type="checkbox"/> West Park Camp    |  |

**This form is to be completed by a legal guardian.**

Print clearly in black or blue ink.

Complete all spaces.

Return before the first day of camp.

### PART I: PARTICIPANT INFORMATION

1. Name: \_\_\_\_\_  
(Last/First)
2. Address: \_\_\_\_\_
3. City/Zip: \_\_\_\_\_
4. Home Phone: \_\_\_\_\_
5. E-mail: \_\_\_\_\_
6. Birthday: (mm/dd/yy) \_\_\_\_\_
7. Height: \_\_\_\_\_ Weight: \_\_\_\_\_
8. Grade (entering): \_\_\_\_\_
9. School: \_\_\_\_\_

### PART II: GUARDIAN INFORMATION

10. Guardian's Name: \_\_\_\_\_  
Daytime #: \_\_\_\_\_  
Cell #: \_\_\_\_\_
11. Guardian's Name: \_\_\_\_\_  
Daytime #: \_\_\_\_\_  
Cell #: \_\_\_\_\_
12. Who has custodial rights for your camper?  
.  
☐: \_\_\_\_\_

13. Is there a court order to keep anyone away from or restricts them from this camper during this program?

☐ YES

☐ NO

*If yes, please provide a copy of this documentation. Our staff cannot restrict camper from legal guardians without proper documentation on file with us.*

### PART III: OTHER EMERGENCY CONTACTS

(Other than Guardian #1 and #2)

14. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_
15. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

### PART IV: AUTHORIZED PICKUP

The following are persons *other than Guardian #1 and #2* who are authorized to pick up your camper from the program.

16. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_
17. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_
18. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

19. My camper MAY walk home or ride a bike home on their own after the program.

☐ YES

☐ NO

### PART V: MEDICAL INFORMATION

20. Doctor Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

21. Insurance Information: \_\_\_\_\_

22. If necessary, camp staff may administer the following over-the-counter products. Please check the box for any items that CAN be used on the participant.

☐ Alcohol Wipes      ☐ Insect Repellent

23. **Sunscreen: Please note that GUARDIANS are responsible for applying sunscreen on campers before camp.** It is advised that sunscreen be brought to the program daily for the participant to reapply.

24. Please list any allergies your camper has:

25. Will your camper require medication during this program? Or will they require any medication for allergies?

☐ YES      ☐ NO

**If YES, you MUST fill out a Medical Dispensing Form and return to the camp director at the camp site. Located at [www.DPparks.org](http://www.DPparks.org)**

#### IMPORTANT DES PLAINES PARK DISTRICT MEDICAL & INSURANCE INFORMATION

The Des Plaines Park District **DOES NOT** provide accident/medical insurance for its participants. Medical bills are the responsibility of the guardian. It is mandatory that participants have had all required immunization shots, including tetanus.

#### PART VI: PARTICIPANT HISTORY

26. Does your camper have an IEP plan with School?  
☐ YES      ☐ NO

27. If yes, please indicate any special limitations that may affect your camper's participation in the program.

28. Has your camper demonstrated any behavioral concerns at school which have been addressed by a principal or teacher?  
If yes please explain

29. Will your camper need a reasonable accommodation under the Americans with Disabilities Act to participate in this

program? Please contact your program supervisor a minimum of 2 weeks before the start of camp.

☐ YES      ☐ NO

If Yes, Nature of Disability:

If Yes, Requested Accommodation

30. Are there any health or learning factors which you feel would be helpful for us to know about, or observe: eyesight, speech, hearing, behavior, individual habits, or others?

31. Please check the swimming ability that is most appropriate for your camper:

☐ I DO NOT want my camper to swim at all

☐ Non-swimmer    ☐ Beginner    ☐ Average    ☐ Strong

☐ My camper **CANNOT** take the swim test. Therefore will not able go in the deep end, on the drop slide or off diving boards.

☐ My camper **CAN** take the swim test

**If my camper passes the swim test they can go:**

☐ Deep End      ☐ Drop Slide      ☐ Diving Board

Should any of the above completed information change during the course of the program, it is the responsibility of the legal guardian to submit an updated form with the most up to date and accurate information.

**Signature of guardian**

**Date**

**PLEASE RETURN THIS FORM TO PRARIE LAKES OR THE LEISURE CENTER BEFORE THE START OF CAMP. ONCE CAMP IS IN SESSION PLEASE RETURN TO YOUR CAMP.**

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