

GLENVIEW PARK DISTRICT EMERGENCY CAMP INFORMATION SHEET

Participant's Name	M/F	Birth Date	Grade	SPECIAL MEDICAL NEEDS (Allergies/Medications)

EMERGENCY INFORMATION & CONTACTS

Parent/Guardian Name	Daytime Phone
Home Address	Home Phone
Work Phone	Cell Phone
*Person to contact in case parent/guardian cannot be reached	
Name/Relationship to child	Daytime Phone
Address <small>(if same as above, list same)</small>	Cell Phone

In the event that I can not be reached in an Emergency, I hereby give permission to the Physician selected by the Glenview Park District to hospitalize and secure proper treatment for my child(ren) listed above in the case of an accident or sudden illness. I agree that I shall remain responsible for any and all expenses incurred for such medical care and treatment.

SIGNATURE:

Parent or Guardian (this person is allowed to pick up own child)	Date
Child's Physician+Hospital	Physician Phone Number
Insurance Company & Policy Number	

PARENT/GUARDIAN AGREEMENTS

Parent/Guardian must sign this agreement.

I hereby grant permission to the Glenview Park District for the use of any and all photos in which I or my child(ren) may appear. The usage is inclusive of, but not limited to, the publication or inclusion in brochures, posters, catalogs, handbooks, banners, and broadcast or print advertisements, produced either for free distribution, posting or otherwise profit by the Glenview Park District. I agree to waive any claim to compensation for use of said photos.

I hereby give permission for my child to participate in park activities, including playground time and all field trips. I fully assume all responsibility for injuries she/he or I may receive or articles lost while participating in these activities or while in travel to or from said activities and field trips, and hereby release the Glenview Park District and its employees from any liability for any injury I or my child(ren) may sustain.

I have received, read, and understand the "Camp Parent Manual," and agree to abide by the policies stated herein. I understand that this form will be due June 1, 2009 or my child will not be enrolled. I have read and agreed to all the information contained in the above Parental Agreement and have filled out emergency information on my child(ren).

SIGNATURE:

Parent/Guardian (this person is allowed to pick up own child)	Date
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SIGN-OUT

Your child(ren) will ONLY be released to listed person(s) below, including to the above signature. Send a note in writing if there will be a change.

	(Mom)
Name	Relationship to Child
	(Dad)
Name	Relationship to Child
Name	Relationship to Child
Name	Relationship to Child
Name	Relationship to Child

Is anyone prohibited from picking up your child(ren)?

Yes No

If yes, whom?

My child may walk or ride their bike unescorted to and from camp. In this case they may sign themselves in and out.

Yes No

I understand my child must be picked up daily by the assigned dismissal time or they will be charged appropriately for services.

SIGNATURE:

Parent/Guardian (this person may pick up own child)	Date
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PLEASE NOTE

Barrel of Monkeys, Bunny Club, You Are My Sunshine, Little Giants, Playtime Pals, Little Pioneers and Crowley Park Penguins have been designated **NUT FREE**.

For our remaining older age camps, the camp section may become nut free should a child with this type of allergy enroll. These practices are being implemented due to the rapid increase in serious nut allergies experienced by children in our programs.

Camp Participant Information Sheet

Please return this form to Park Center by June 1st.

Child's Name: _____ Camp & Location: _____

Date of Birth: _____

Does your child require any medication during the day? Yes _____ No _____
If yes, please call Park Center to receive an Order for Administration of Medication form.

If yes to the above, please describe:

Is there anything your child's counselor should be made aware of that will assist us in providing the most effective camp experience possible? _____

How would you rate your child's swimming ability?
Poor _____ Fair _____ Good _____ Excellent _____

How will your child be traveling to and from camp?
Walk/Bike _____ Carpool _____ Ride from Parent _____

Does your child need any reasonable accommodation, in accordance with the Americans with Disabilities Act, to fully participate in the activities of the program? Yes _____ No _____

GLENVIEW PARK DISTRICT SUMMER CAMP PARTICIPANT CONDUCT

The Glenview Park District reserves the right to suspend, expel, or deny participation in any program, event or facility to any person whose behavior materially interferes with, or disrupts the quality of those offerings, the enjoyment of them by other participants, or the ability of staff to conduct or manage the activities or facility.

- ⇒ **First Incident:** A child's parent or guardian shall be notified of the first incident.
- ⇒ **Second Incident:** A child's parent or guardian will be required to attend a meeting with the program instructor and/or facility manager and a park district administrator.
- ⇒ **Third Incident:** The child will be suspended or expelled from the program, event, or facility.

If a child engages in behavior which poses a threat of bodily harm to himself or others, an immediate meeting with the parent or guardian may be called or, based on the severity of the incident, the individual will be immediately suspended or expelled from the program or facility.

I have read and understand the Participant Conduct Policy of the Glenview Park District located above.

Parent or Guardian Signature

Parent or Guardian Name (please print)

Date: ____/____/____



CARING FOR KIDS

GLENVIEW PARK DISTRICT NUT ALLERGY PRACTICES

Thank you for enrolling your child with us for summer camp. As listed in our 2009 camp brochure, the Glenview Park District has adopted some very specific safety practices regarding nut allergies. *Barrel of Monkeys, Bunny Club, You Are My Sunshine, Little Giants, Playtime Pals, Little Pioneers & Crowley Park Penguins* have been designated NUT FREE. For our remaining older age camps, the camp section may become nut free should a child with this type of allergy enroll. These practices are being implemented due to the rapid increase in serious nut allergies experienced by children in our programs today.

We are requesting your cooperation in partnering with us to ensure a safe environment for children with nut allergies. The Park District has identified these operational practices for everyone to follow:

- ❖ Parents with children that have a nut allergy are requested to list this information on their camp emergency form and notify the Park District as soon as possible.
- ❖ Prior to camp starting, camp directors and counselors will receive information and training about nut allergies as part of our camp training curriculum. All staff will be trained in epi-pen practices.
- ❖ When we are notified of a nut allergy a partnership meeting will be called between the parent, the director, and the camp supervisor. This will help all parties understand the necessary precautions and limitations within a camp program. Once we know the severity of the allergy, we will notify families registered in that particular camp. If the allergy is life-threatening, the camp environment will automatically become a nut free zone.
- ❖ For camps designated nut free, we will ask all families to cooperate by packing lunches and supplying snacks that do not contain any nut or nut by-products. Unfortunately, due to ever-changing processing practices and product ingredients, it is not feasible for us to provide you with a comprehensive list of what items to avoid. This is where we need your assistance. We ask that parents take a few minutes when preparing a lunch or snack to review the list of ingredients on each item prior to packing them for camp. We recognize that this may be an inconvenience for your child's food choices, but the safety of another child's life must take precedence.
- ❖ Camp staff will do their best to monitor foods that may pose a potential harm to the allergic child. However, since many items may be without their original packaging and since we have so many children at each camp, it is not feasible to inspect every food item from every child to ensure compliance.

By working together we can make sure that this summer is a safe and outstanding summer for all of our children. Thank you in advance for your cooperation! Should you have questions with this practice, do not hesitate to give us a call.

GLENVIEW PARK DISTRICT STAFF
847-724-5670

PLEASE COMPLETE THIS FORM **ONLY** IF YOUR CHILD HAS ANY ALLERGY

FOOD ALLERGY ACTION PLAN



Student's Name: _____ D.O.B. _____ Camp: _____

ALLERGY TO: _____

Asthmatic YES* NO *Higher risk for severe reaction

◀STEP 1: TREATMENT▶

Symptoms:

Give Checked Medication:**

** (To be determined by physician authorizing treatment)

- | | | |
|--|----------------|------------------|
| • If a food allergen has been ingested, but no symptoms: | __ Epinephrine | __ Antihistamine |
| • Mouth Itching, tingling, or swelling of lips, tongue, mouth | __ Epinephrine | __ Antihistamine |
| • Skin Hives, itchy rash, swelling of the face or extremities | __ Epinephrine | __ Antihistamine |
| • Gut Nausea, abdominal cramps, vomiting, diarrhea | __ Epinephrine | __ Antihistamine |
| • Throat† Tightening of throat, hoarseness, hacking cough | __ Epinephrine | __ Antihistamine |
| • Lung† Shortness of breath, repetitive coughing, wheezing | __ Epinephrine | __ Antihistamine |
| • Heart† Thready pulse, low blood pressure, fainting, pale, blueness | __ Epinephrine | __ Antihistamine |
| • Other† _____ | __ Epinephrine | __ Antihistamine |
| • If reaction is progressing (several of the above areas affected), give | __ Epinephrine | __ Antihistamine |

The severity of symptoms can quickly change.

†Potentially life-threatening.

Epinephrine: inject intramuscularly (circle one) Epi Pen ® EpiPen ® Jr. Twinject™ 0.3mg Twinject™ 0.15mg

Antihistamine: give _____
medication/dose/route

Other: give _____
medication/dose/route

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

◀STEP 2: EMERGENCY CALLS▶

1. Call 911 (or Rescue Squad: _____). State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. _____ at _____

3. Emergency contacts: Phone Number(s)
Name/Relationship:

a. _____ 1. _____ 2. _____

b. _____ 1. _____ 2. _____

c. _____ 1. _____ 2. _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian Signature _____ Date _____

Doctor's Signature _____ Date _____

(Required)

Glenview Park District
Medication Dispensing Information

This form must be completed for each program session or when medication changes.

BACKGROUND INFORMATION:

Participant's Name: _____ Age: _____

Address: _____

Parent's/Guardian's Name(s) _____

Daytime Phone: _____ Other Phone: _____

Program Name: _____

Doctor's Name: _____ Phone: _____

MEDICATION INFORMATION:

1. Name: _____ Dose: _____ Time: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

2. Name: _____ Dose: _____ Time: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

OTHER INFORMATION: _____

I understand that it is my responsibility to give the medication directly to program staff with full instructions in individual dosage containers, clearly labeled envelopes, or in original prescription bottles.

In all cases, medication dispensing can only be changed or modified by completing another Permission and Waiver to Dispense Medication Form and Medication Information Form.

I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, guardian, ward, or other family member is accurate. I also understand that it is my responsibility to inform the agency if any changes in the dispensing of medications change.

Signature of Parent or Guardian

Date

Glenview Park District

**Permission To Dispense Medication
Waiver and Release of All Claims**

The Glenview Park District will not dispense medication to a minor child or other participant until the Permission and Waiver to Dispense Medication and Medication Information form have been fully completed and signed by a parent or guardian. The agency's internal procedures on dispensing medication are available for review.

NAME OF PROGRAM: _____ **DATE:** _____

I _____ the parent/guardian of _____
(Print Name) (Print Name)
hereby give permission to the staff of the Glenview Park District to administer to my child:

(Name of Medication)

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

PARTICIPANT'S NAME: _____

NAME OF MEDICINE AND COMPLETE DOSAGE INSTRUCTIONS:

1. _____
2. _____
3. _____

In no case will the recommended dosage of any medication be exceeded. If after administering medication there is an adverse reaction, I give my permission to the Glenview 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 illness, side effects, complications, or physical injury in connection with the administering of medication to my minor child. In consideration of the Glenview Park District administering medication to my minor child, I do hereby fully release or discharge the Glenview Park District, and its officer, 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 way associated with the administering of medication. I further agree to indemnify, hold harmless and defend the Glenview Park District, and its officers, agents, volunteers and employees of the Glenview Park District 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 the administering of medication.

Signature of Parent or Guardian

Date