



EMERGENCY MEDICAL INFORMATION



CAMPER INFORMATION

Child's Name: _____ Birthdate: _____ Age: _____ Sex: _____

Address: _____ City: _____

Zip code: _____ Email: _____

Home Phone: _____ Cell Phone: _____ School: _____ Grade in Fall: _____

CUSTODIAL PARENT(S)/GUARDIAN(S)

Mother/Legal Guardian Name: _____

Father/Legal Guardian Name: _____

Workplace: _____

Workplace: _____

Address: _____

Address: _____

City: _____ Zip code: _____

City: _____ Zip code: _____

Work Phone: _____

Work Phone: _____

Child lives with (circle one): MOTHER FATHER BOTH OTHER (please explain): _____

In case of an emergency, if the District is unable to contact the parents/guardians listed above, who may we contact? This person must be 18 years or older and have photo I.D. at time of pick up.

Name: _____ Phone: _____ Relationship: _____

- Is this person authorized to pick up your child from camp (circle one)? YES NO

Name: _____ Phone: _____ Relationship: _____

- Is this person authorized to pick up your child from camp (circle one)? YES NO

Medical Insurance Company: _____ Policy #: _____

Doctor's Name: _____ Doctor's City: _____ Doctor's Phone: _____

Any allergies (circle one)? YES NO If yes, please list with explanation of reaction: _____

Any medication taken regularly (circle one)? YES NO If yes, please list with dosage and schedule: _____

Any other medical concerns or activity restrictions? _____



**COMPLETE THE FOLLOWING ONLY IF YOUR CHILD TAKES MEDICATION DURING
CAMP.**



The child named above will be taking medication while at camp. Cameron Park Community Services District has my permission to counsel camp staff regarding the possible effects of the medication on my child. I will not hold Cameron Park Community Services District or its employees responsible if my child refuses to take the medication.

Parent's/Guardian's Signature: _____ Date: _____

1. Medication Name: _____ Reason for Medication: _____

Dosage: _____ Time to be Taken: _____ If "as needed" how often may it be taken? _____

2. Medication Name: _____ Reason for Medication: _____

Dosage: _____ Time to be Taken: _____ If "as needed" how often may it be taken? _____

3. Medication Name: _____ Reason for Medication: _____

Dosage: _____ Time to be Taken: _____ If "as needed" how often may it be taken? _____



Agreement, Waiver and Release Form – General

Camp CP Summer Day Camp, Cameron Park Lake/Community Center, Monday-Friday, 6/10-8/2, 12:00pm-5:00pm

The Cameron Park Community Services District's Day Camp program is based at the Cameron Park Community Center and Cameron Park Lake. Planned activities make extensive use of the ball fields, courts, buildings, picnic areas, and open spaces. Wildlife does flourish in the vicinity of Cameron Park Lake. Gophers, poisonous and non-poisonous snakes, and skunks have all been encountered by park users. Bee stings may occur.

Arts and crafts activities involve paints, pastes, glues, paper, scissors, crayons, and other basic materials. Active games are conducted on turf, asphalt, concrete, and unimproved exterior surfaces. Indoor games are played on tile and hardwood floors. Games engaged in by participants may involve balls, bats, frisbees, and hula hoops. Some games may require running, skipping, sliding and jumping. Quite often there are other activities taking place in the surrounding areas during camp. Some of these activities are sponsored by the District, some by other agencies, and many are unscheduled and spontaneous use of the area by groups and individuals. District maintenance activities such as mowing, watering, trimming, repairing, and cleaning are ongoing.

Parents/guardians of children who take medication during camp assume all responsibilities and risks of that medication. The District will not be held responsible for injuries or problems that occur due to the use of medication. The District is not responsible for medication that is lost, stolen, misused, or traded by children. Problems that may happen include but are not limited to overdose, a child refusing to take medication, or injury to a child who receives medication prescribed to another child. District staff will not administer medication or assist child in taking medication. The District will not be held responsible if a child forgets or refuses to take medication.

Please be advised that the District places the highest priority on the safety of your child. Staff is well trained and staff participant ratios are lower than many comparable programs. However, with activities taking place in the outdoors, over many acres of park space, accidents and injuries are possible, although serious injuries are rare. Camp participants are subject to the usual assortment of abrasions, cuts, and sprains those active children experience.

This constitutes our application and consent that the below named minor may participate in the Cameron Park Community Services District Camp CP Summer Day Camp. We understand and acknowledge that this recreation program may involve risk of injury to participants, including but not limited to injury from bodily contact with other participants, natural injuries from playing outdoors, and/or other risks inherent in the activity. We understand that the District has no medical insurance or coverage from injuries resulting from such recreational activities. The undersigned further agrees to indemnify and hold the Cameron Park Community Services District harmless from and against all liability for an injury which may be suffered by the individual arising out of or in any way connected with his/her participation in this program. I understand that no refunds will be given after the first day of each session is held.

If immediate contact cannot be made for any emergency medical care, we authorize and consent to such emergency medical care and treatment prescribed by a duly licensed physician as the physician deems necessary, and the undersigned will be responsible for the cost of any such medical care or treatment.

I further accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis, or death, however caused and whether caused in whole or in part by the negligence of the minor named below. As parent(s) and/or legal guardian(s), I consent to instruct the minor participating in any district class to inspect the facilities and equipment to be used, or I will inspect said facility and such conditions and refuse to participate until the fault condition is corrected. Participant should be fully instructed by parent(s) and/or legal guardian(s) and encouraged to adhere to all class rules and common courtesy. I agree that this Agreement, Waiver and Release Form covers every activity sponsored by the above district including class make-ups and extensions and that the above-named minor is released in every activity and event for the duration of the program.

PARENT CONSENT – I hereby consent that my minor may participate in the above activity, and I hereby execute the above Agreement, Waiver and Release Form on his/her behalf. I state that said minor is physically able to participate in said activity, or that the District Office has been informed of any disabilities that need to be accommodated. I hereby agree to indemnify and hold persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity. I have carefully read the above Agreement, Waiver and Release Form and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the above district, and I sign it of my free will.

Child's Name: _____

Parent's/Guardian's Signature: _____ Date: _____



Cameron Park Community Service District



Camp Cameron Park

CODE OF CONDUCT

As a participant of the
Summer Camp Program

I will:

ACT WITH RESPECT TO OTHERS, THEIR BELONGINGS
AND ANY FACILITY THAT CAMP CP MAY BE AT
BE CONSIDERATE TO OTHERS AND STAFF
KEEP MY LANGUAGE AND GESTURES RESPECTFUL
FOLLOW THE RULES GOVERNED BY THE CAMP CP

I agree to uphold this Code of Conduct and understand that failure to comply with this Code of Conduct may result in a strike, my loss of privileges, suspension, or permanent expulsion from the Summer Camp Program. I understand that there is a 3-strike policy.

FORMS CHECKLIST

I have:

- Read and understand the Parent Handbook. Initial _____
- Filled out the Emergency information and will update as necessary. Initial _____
- With my child, have read and agree to adhere to the Code of Conduct. Initial _____

Parent/Guardians Name _____

Parent/Guardians Signature _____

Date _____