



#myREC Child Information Form

2020 Summer Camp

Child's Last Name		Child's First name		MI	Sex	DOB
Living Arrangement: ___ lives with both parents, ___ lives with mother, ___ lives with father, ___ lives with Guardian			T-Shirt Size:	Home Phone		
Address				Cell Phone Number		
City	State	Zip	Family Email Address (For E-Mail Alerts):			

Parent/Guardian Information

Please indicate the order in which to make contact in case of emergency, illness or other unforeseen circumstance by circling 1,2,3 or 4 for the name as well as phone numbers to be called. When choosing the order, please keep in mind each person's accessibility, as well as that calls may occur between 7:00 am and 6:00 pm.

Name	Home Phone 1 2 3	Cell Phone 1 2 3	Place of Employment	Work Phone 1 2 3
Name	Home Phone 1 2 3	Cell Phone 1 2 3	Place of Employment	Work Phone 1 2 3

Emergency Contacts

Please list emergency contacts in the order in which they should be contacted in case of an emergency. Also indicate in which order to use the phone numbers listed for each emergency contact by circling 1,2, or 3.

Name: Address:	Home Phone 1 2 3	Cell Phone 1 2 3	Work Phone 1 2 3	Relationship to Child
Name: Address:	Home Phone 1 2 3	Cell Phone 1 2 3	Work Phone 1 2 3	Relationship to Child

Additional Authorized Pick-Ups

The people listed below will be the ONLY people, other than parents/guardians allowed to pick-up the child noted above. Photograph Identification is required upon pick-up.

Name	Address	Relationship to Child	Phone
1.			
2.			

Health Information

Child's Physician	Medical Facility Name	Medical Facility Phone Number
Medical Facility Address		Hospital Preference:

Sunscreen & Insect Repellent Authorization (Insect repellent & sunscreen must be brought from home.)

I authorize my child to self-apply sunscreen Yes No Brand Name: _____ SPF Strength: _____
 I authorize my child to self-apply repellent Yes No Brand Name: _____

Medical Device Consent

- Any and all medical treatments, devices, or medications must be provided by parent/guardian.
- If such devices, medication, or treatments are present at camp, staff must be notified via medication authorization form.

I give _____ (Name of Child) permission to carry his/her own medical device: _____ (List device(s) they will carry) with their belongings while at camp. I also give permission for my child to administer this device when necessary with supervision by staff.

Health History (indication of any health history conditions MAY require further State required paperwork)

Does your child have a history of: ADD/ADHD/Behavioral Disorders Asperger's Syndrome Asthma Autism
 Cognitive Disability Cerebral Palsy/Motor Disorder Diabetes Learning Disability
 Gastrointestinal or Feeding Concerns Heart Problems Epilepsy/Seizures
 Physical Handicap Sensitivity to Sun Food/Milk Allergies Non-Food Allergies
 Other(describe) _____

OVER →

Health History (Continued)

1. Please describe any health concerns checked above:
2. Triggers that may cause problems (specify):
3. Signs or symptoms to watch for (specify):
4. Action steps for camp staff to take (specify):
5. When to call parents regarding symptoms or failure to respond to treatment:
6. When to consider emergency care:
7. Any additional information that may be helpful to staff:

- Please contact Camp Director if your child has any special medical needs or conditions that camp should be aware of.
- Indication of any health history conditions **MAY** require further State required paperwork.

SIGNATURE - Parent or Guardian	Date Signed
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Marinette Summer Camp Field Trip Permission Slip

Instructions: Complete the form and submit along with registration packet.

Reminder: All field trip fees are included with Camp enrollment fees.

I give my child(ren) permission, _____
(Child(ren)'s Name)

to attend the field trip(s) marked below:
 (Please check all field trips your child will attend)

Fri., 6/26: UW Marinette Children's Theater Departure: 12:30 pm Return Time: 4:00 pm (Includes: Transportation, Admission) <div style="text-align: right;"><input type="checkbox"/></div>	Wed., 7/1: Civic Center Swimming Pool (Walking Trip) Departure: 1:00 pm Return Time: 4:30 pm (Includes: Admission) <div style="text-align: right;"><input type="checkbox"/></div>	Wed., 7/8: Movie Theater Departure: 1:00 pm Return Time: 4:30 pm (Includes: Transportation, Admission) <div style="text-align: right;"><input type="checkbox"/></div>
Wed., 7/15: Civic Center Swimming Pool (Walking Trip) Departure: 1:00 pm Return Time: 4:30 pm (Includes: Admission) <div style="text-align: right;"><input type="checkbox"/></div>	Thurs., 7/23: NEW Zoo Departure: 9:30 am Return: 4:00 pm (Includes: Transportation, Admission) <div style="text-align: right;"><input type="checkbox"/></div>	Wed., 7/29: Civic Center Swimming Pool (Walking Trip) Departure: 1:00 pm Return Time: 4:30 pm (Includes: Admission) <div style="text-align: right;"><input type="checkbox"/></div>
Wed., 8/5: Dome Lanes Departure: 11:00 am Return 2:30 pm (Includes: Transportation, Bowling) <div style="text-align: right;"><input type="checkbox"/></div>	Thurs., 8/13: Badger Park Departure: 10:00 am Return Time: 3:00 pm (Includes: Transportation) <div style="text-align: right;"><input type="checkbox"/></div>	8/19: Civic Center Swimming Pool (Walking Trip) Departure: 1:00 pm Return Time: 4:30 pm (Includes: Admission) <div style="text-align: right;"><input type="checkbox"/></div>

I understand that all return times are approximate. All transportation on trips will be contracted through Westlund Bus Company.

I authorize the City of Marinette #myREC Summer Camp to take my child on all above marked field trip(s) on the date(s) indicated.

SIGNATURE - Parent or Guardian	Date Signed
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DAY CAMP

MEDICATION AUTHORIZATION FORM

MEDICATION REQUIREMENTS

Prescription medications must be in the original container with the pharmacist's label marked with the prescription number, date, child's name, and physician's name.

All non-prescription medications (OTC's) must be labeled with child's name.

Please give all medications to camp staff upon arrival at camp.

Child's name _____

Authorization is effective from _____ until _____.
(Start Date) (End Date)

I authorize the administration of _____ by day
camp staff.
(Name of Medication)

Instructions for administration of medication (dosage instructions):

*All remaining medication will be returned to parent/guardian at the end of each week. If medication is not picked-up, the City of Marinette will dispose of medication in an environmentally safe manner.

Parent/Guardian Signature: _____ Date: _____