



#myREC Child Information Form

Only fill out this form if the online form has not been filled out. Check with camp staff.

2023 Summer Camp

Child's Last Name		Child's First name		MI	DOB
T-Shirt Size (circle one) YS, YM, YL, AS, AM, AL, AXL			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 6:30 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 _____ permission to carry his/her own medical device: _____
(Name of Child) (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. All children in camp on the day of a field trip go on the field trip. If you do not want your child(ren) to attend a field trip, they will need to stay home that day.)

Wed., 6/14: Civic Center Swimming Pool (Walking Trip) Departure: 12:45 pm Return Time: 4:30 pm (Includes: Admission) <input type="checkbox"/>	Wed., 6/21: TBD <input type="checkbox"/>	Wed., 6/28: Civic Center Swimming Pool (Walking Trip) Departure: 12:45 pm Return Time: 4:30 pm (Includes: Admission) <input type="checkbox"/>
Wed., 7/5: Civic Center Swimming Pool (Walking Trip) Departure: 12:45 pm Return Time: 4:30 pm (Includes: Admission) <input type="checkbox"/>	Wed., 7/12: TBD <input type="checkbox"/>	Wed., 7/19: Civic Center Swimming Pool (Walking Trip) Departure: 12:45 pm Return Time: 4:30 pm (Includes: Admission) <input type="checkbox"/>
Wed., 7/26: TBD <input type="checkbox"/>	Wed., 8/2: Civic Center Swimming Pool (Walking Trip) Departure: 12:45 pm Return Time: 4:30 pm (Includes: Admission) <input type="checkbox"/>	Wed., 8/9: TBD <input type="checkbox"/>
Wed., 8/16: Civic Center Swimming Pool (Walking Trip) Departure: 12:45 pm Return Time: 4:30 pm (Includes: Admission) <input type="checkbox"/>	Wed., 8/23: Badger Park Departure: 10:00 am Return Time: 3:00 pm (Includes: Transportation, Bring a Sack Lunch) <input type="checkbox"/>	

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

*Pre-Teen Camp will have additional field trips that will be given to parents throughout the summer.

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: _____

Parent/Camper Behavior Contract

The goal of the Day Camp Program is to provide a safe and fun atmosphere for all campers.

Please take time to read through and discuss our policies on proper character conduct as a family, then take time to sign the contract as this will serve as a guide to disciplinary actions for the summer.

Termination Procedure:

If an incident occurs where a camper conducts himself/herself in a manner that does not follow the behavior guidelines or that jeopardizes their safety, or the safety of others, the following steps will be taken:

First violation: A staff member will discuss the incident with the child. The child may be removed from part or a whole activity. The parent or guardian will be notified of the incident at the end of the camp day.

Second Violation: A staff member will document the incident via an incident report and discuss the incident with the child. The child may be removed from part or a whole activity. The parent or guardian will be notified of the incident at the end of the camp day and asked to sign the documented incident report.

Third Violation: A staff member will discuss and document the incident directly with the child. The parent or guardian will receive a phone call and be asked to pick up their child within the hour and the child will be suspended from camp for one day.

Fourth Violation: A staff member will discuss and document the issue directly with the child. The parent or guardian will be contacted immediately to pick up their child within the hour from camp. A conference will be scheduled with the Department Director, Camp Director, Camp Coordinator, and the parent(s) or guardian to discuss a plan of action regarding the poor behavior. The child will be suspended from camp for up to a week.

Fifth Violation: Child will be dismissed and no longer allowed to participate in camp for the remainder of summer.

Circumstances for immediate termination:

Physical Violence – A parent or emergency contact will be called to pick up their child immediately. A meeting may be necessary and will be determined on a case-by-case basis.

Intentional Leave – If a camper leaves the program area or building intentionally without permission a suspension or termination may occur, based on the situation.

Sexual or other harassment – Parent/guardian will be contacted immediately. Camper will be prohibited from future camp activities.

Inappropriate Behavior of a child or parent that endangers the participant, other children or staff.

Late Child Pick-Up (more than 3 occurrences).

Please do not hesitate to talk to the site staff or recreation staff if you have questions or concerns.

The City of Marinette reserves the right to start at the 2nd, 3rd, 4th, or 5th violation depending on the severity of the incident.

Each case is different and all supervisory staff are approved to make appropriate judgment calls.

I have read and understand the Marinette Summer Camp policies, procedures, rules and consequences. I understand that by signing this contract, I am obligated to follow the policies and procedures outlined in the Summer Camp Handbook.

(Child's Signature and Date)

(Parent/guardian Signature and Date)