



# Worthington Community Center 2019 Summer Camp Participant Information Form

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*Please print neatly*

Camp Name: \_\_\_\_\_

## Participant Information

Participant's Name: \_\_\_\_\_

Male: \_\_\_\_ Female: \_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade Completed: \_\_\_\_

Participant's Street Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

## Parent/Guardian Information

Parent Name: \_\_\_\_\_ Best number to be reached: \_\_\_\_\_

(H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Parent Name: \_\_\_\_\_ Best number to be reached: \_\_\_\_\_

(H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Babysitter/Guardian Name: \_\_\_\_\_ Best number to be reached: \_\_\_\_\_

(H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Please note any **special needs, disabilities, physical conditions, allergies, assistive devices, special accommodations, or auxiliary aids** that the participant may have.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If it is necessary to monitor medication during camp hours, a **Medication Monitoring Form** must be completed as well.

Is this necessary for this participant? YES \_\_\_\_ NO \_\_\_\_

In case of emergency, **please list up to 3 people** who we may contact in case we cannot reach previously listed contacts.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Best Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Best Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Best Phone #: \_\_\_\_\_

In the event reasonable attempts to contact the authorized persons have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by emergency medical staff.

**Preferred Physician:** \_\_\_\_\_ Phone #: \_\_\_\_\_

**Preferred Dentist:** \_\_\_\_\_ Phone #: \_\_\_\_\_

In the event the preferred physician or dentist is not available, I give my consent to another licensed medical staff, physician, or dentist and the transfer of said participant to this preferred hospital \_\_\_\_\_ or any other hospital reasonably accessible. This does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained before surgery is performed.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**Arrival and Dismissal Information**

At the completion of camp each day my child will:

\_\_\_\_\_ be taken by camp staff to the after camp care program

\_\_\_\_\_ be picked up by one of the parents or guardians listed above

\_\_\_\_\_ be picked up by another adult

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ has permission to check themselves in and out of camp during arrival and dismissal times.

Date Received: \_\_\_\_\_  
Initials: \_\_\_\_\_

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