



CHILD DATA FORM VERNON HILLS PARK DISTRICT SUMMER CAMP 2023

Child Data Form must be submitted by 9pm on the Tuesday before camp begins. Email completed form to campforms@vhparkdistrict.org. Please note: your child will NOT be able to start camp without a Child Data Form.

PROGRAM INFORMATION

Program:

- | | | |
|--|--|---|
| <input type="checkbox"/> Early Childhood Camps | <input type="checkbox"/> Art Sparks Camp | <input type="checkbox"/> Kid Zone ½ Day Camp |
| <input type="checkbox"/> Adventure Day Camp | <input type="checkbox"/> The Great Outdoors Camp | <input type="checkbox"/> Extended Care |
| <input type="checkbox"/> Trailblazers Camp | <input type="checkbox"/> Teen Helping Hands Camp | <input type="checkbox"/> Last Blast / Summer Finale |

CHILD INFORMATION

Child's Name: _____
(First) (Last) (Name To Be Used)

Prior Camp Experience: _____

Birthdate: ____ / ____ / ____ ☐ Right-Handed ☐ Left-Handed ☐ Unsure Gender: _____

PARENT / GUARDIAN INFORMATION

Name: _____ Relationship To Child: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Address: _____

Name: _____ Relationship To Child: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Address: _____

Name: _____ Relationship To Child: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Address: _____

Name: _____ Relationship To Child: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Address: _____

EMERGENCY CONTACTS / INDIVIDUALS AUTHORIZED TO PICK UP YOUR CHILD (OTHER THAN PARENTS/GUARDIANS LISTED ABOVE)

Name: _____ Relationship To Child: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Address: _____

Name: _____ Relationship To Child: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Address: _____

Name: _____ Relationship To Child: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Address: _____



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CHILD INFORMATION

Child's Name: _____

(First)

(Last)

TELL US ABOUT YOUR CHILD (TEMPERAMENT, LIKES/DISLIKES & ANY INFORMATION PERTINENT TO CHILD'S PARTICIPATION)

FAMILY INFORMATION

Name and ages of other children in family: _____

List any important family information you wish to share: _____

☐ Check this box if there is a language other than English spoken at home. Language(s): _____

MEDICAL / SPECIAL NEEDS

☐ Check this box if your child has any special needs (physical, behavioral, cognitive, processing, social/emotional or communication.) If yes, please describe below.

☐ Check this box if your child has any medical conditions, health concerns or allergies. List and describe:

☐ Check this box if your child takes any medication. List:

☐ Check this box if your child requires medication dispensed/administered during camp hours. **Note: Parent/Guardian must complete the Medication Dispensing Information Form and Permission to Dispense Medication Waiver.**

FIRST AID & EMERGENCY MEDICAL CARE CONSENT

I authorize permission for my child to receive necessary health care and emergency medical treatment. I will not allow my child to attend camp if they become exposed to any contagious disease, or if for any reason, I do not consider my child to be in good physical condition.

FAMILY HANDBOOK

The Summer Camp Family Handbook is available online at vhparkdistrict.org. I acknowledge that it is my responsibility to read the handbook and abide by the policies and procedures of the program.

SIGNATURE/ CONSENT

Parent/Guardian Signature: _____ Date: _____