

Willoughby Parks and Recreation Summer Day Camp 2022 Form

Child's Name: _____

Print Name

Camp: _____

Address: _____

City/Zip: _____

*Primary Contact (name | first and last): _____ Relationship _____

Phone: (_____) _____ House Cell Work Phone: (_____) _____ House Cell Work

*Secondary Contact: _____ Relationship _____

Please **CIRCLE** how your child will be transported to and from camp:

AM Morning: **Drop Off** (at 9:00am)

AM Bus

Before Care (drop off time) _____

PM Afternoon: **Pick Up** (at 3:00 pm)

PM Bus

After Care (pick up time) _____

Before and After Care will be held outdoors at the camp location your child is attending!

PLEASE FILL OUT REGARDLESS OF TRANSPORTATION: The following people are permitted to pick up my child:

Legal Guardian: _____ Relationship: _____ Phone (_____) _____

Parent: _____ Relationship: _____ Phone (_____) _____

Name: _____ Relationship: _____ Phone (_____) _____

Name: _____ Relationship: _____ Phone (_____) _____

All authorized persons who are picking up campers MUST show State ID, no exceptions.

Medical: (Circle)

Is your child allergic to any medications? YES NO If YES, _____

Does your child have any allergies? YES NO If YES, _____

Is your child taking any medications? YES NO If YES, _____

[] I Grant Consent in the event of a medical emergency for my child to receive medical care from a licensed physician or dentist and the transfer to the hospital best accessible. This authorization doesn't cover major surgery unless the medical opinions of two (2) other licensed physicians/dentists, concurring in the necessity for surgery, are obtained prior to the performance of such surgery.

[] I Refuse Consent in the event of a medical emergency for my child to receive medical treatment. In the event of illness or injury requiring emergency treatment, I wish the Parks & Recreation Department to take the following action:

I, the undersigned, am hereby advised & fully understand that the City of Willoughby does not provide any insurance for injuries sustained by any member of my family while enrolled in any program or trip.

Signature of Parent/ Guardian

Print Name

Date