



2010 Summer Camp Information Form

This form must be completely filled out in order for your child to attend camp

CHILDREN MUST BE SIGNED IN EACH MORNING & SIGNED OUT EACH EVENING BY AN AUTHORIZED PERSON

PARTICIPANT INFORMATION

Participant's Name:	Birth Date:	Age:	Grade:	Shirt Size: A: _____ Y: _____ S M L XL
Residential Address:	City	State	Zip	Phone:
e-mail address:				

Children must be between the ages of 5 and 14 at time of attendance

PARENT/GUARDIAN INFORMATION

Mother's Name:	Birth Date:	Home Phone:
		Cell Phone:
Employer:	Work Phone:	
Pager:		
**BEST PHONE NO. TO CALL DURING CAMP HOURS:		
Father's Name:	Birth Date:	Home Phone:
		Cell Phone:
Employer:	Work Phone:	
Pager:		
**BEST PHONE NO. TO CALL DURING CAMP HOURS:		

EMERGENCY INFORMATION (Other than Parent or Guardian)

Name of person to notify in case of emergency:	Relation to Parent:	Phone:	Cell:
	Relation to Parent:	Phone:	Cell:

AUTHORIZED CHILD PICK UP (Other than Parent or Guardian)

1.	2.
3.	4.

Child's Name: _____

SPECIAL ACCOMMODATIONS

So that we may better understand your child, please describe any accommodations (medical, physical, or behavioral needs) and/or other information that will assist camp staff to help your child get the most out of our camp.

Does your child take medication on a daily basis?
If so, please give reason, name of medication, dosage, and time of distribution.

If your child will be given medication during camp hours – you must fill out a medical release form

Does your child have any type of allergies? _____ ??? Food, bee sting, etc.???

If so, what are they allergic to? _____

What type of reaction should our staff look for?

Doctor: _____ **Phone:** _____

In case of an emergency, which hospital do you prefer: _____

FIELD TRIPS/AQUATICS

Some activities involve field trip transportation and swimming at the public pool. Some field trips may require a separate nominal fee. Parents will receive notification in advance of these trips.	
Level of swimming ability: ___ Beginner ___ Intermediate ___ Advanced	
My child can swim in the deep end ___ Yes ___ No	
Signature of Responsible Party:	Date:

MEDIA RELEASE

I hereby grant the permission to record my child’s likeness and /or voice for use by television, films, radio, or printed media to further the aims of the day camp in related campaigns and magazine articles, booklets, posters, and in other ways they may see fit.	
Signature of Responsible Party:	Date:

EMERGENCY CLAUSE

In the event I cannot be reached in an emergency, I hereby give my permission to employees of this day camp to secure proper medical care for my child as deemed necessary. This permission extends from minor first-aid treatment to (under a doctor’s orders) hospitalization, injections, anesthesia, surgery, and other medical procedures deemed necessary.	
Signature of Responsible Party:	Date:

RELEASE CLAUSE

The undersigned releases and holds harmless this Day Camp and any officers, employees or agents thereof, including without limitation the Belton Park Board, City of Belton, from any and all claims, liabilities, or demands whatsoever arising out of the enrollment or participation in any program by the participant herein.	
Signature of Responsible Party:	Date:

LATE FEE POLICY: All payments must be made by close of business on the Thursday prior to the week your child is to attend camp. We will accept registration up to noon on Friday, but a \$15 late fee will be accessed per child. The cost for a full week is \$95 first child and \$85 second child. The cost for a partial week, three days or less is \$85. **An employee of Belton Parks and Recreation will be at the Memorial Park Building on Thursday mornings from 7:00am to 9:00am to accept payments.**

CANCELLATION AND TRANSFER POLICY: Registration fees offset the cost to plan and schedule the camp. **NO CREDITS ARE GIVEN FOR DAYS OF CAMP THAT ARE MISSED.** If you must cancel or transfer your registration it must be done at least three days prior to the Monday that your child is registered to begin camp. No refunds due to expulsion will be given for the current week, but a refund will be given for future weeks of registration.

LATE PICK-UP POLICY: All Campers must be picked up from camp no later than 6:00 pm. Any parent arriving late will be charged \$5.00 for each 15 minutes he or she is late. **CAMPERS WILL NOT BE ALLOWED TO RETURN TO CAMP UNTIL THE FEE IS PAID.** If no contact is made with a responsible party after 30 minutes the Belton Police Department will be contacted.

I have read and understand the above **Late Fee policy, Cancellation and Transfer Policy, & Late Pick-up Policy;**

Signature of Responsible Party: _____

Belton Park Department Contact Information/Medical History

The Belton Park Department is dedicated to providing the best possible services to our students. Parents are encouraged to contact the preschool office to report changes in your student's health status or information.

Name _____ Gender **M** **F** Birth date _____
Last First Middle

Address _____ Home Phone _____

Student lives with: ___Mother ___Father ___Grandparents ___Legal Guardian
 Primary contact in case of emergency name _____
 relationship _____ phone # _____ Alternate # _____

Mother's Name _____ Work Phone (_____) _____
 Father's Name _____ Work Phone (_____) _____

Neighbor or LOCAL relative to be called in case parent/guardian cannot be reached.
 Name _____ Phone _____ Relation _____

Student's general health: Excellent Good Fair Poor

Does your child have any health problems Park Department staff needs to be aware of?

Is your child currently receiving any medication(s) now? If so, list medication & reason.
List scheduled and as needed medications.

Medication	Dose	Reason	Time to be administered	Scheduled or PRN?

In case of serious medical emergency when a responsible party is not available, the Belton Park Department reserves the right to call an ambulance. Your child will be taken to Research Belton Hospital for treatment. Parents will be financially responsible for the ambulance fees.

I give my permission to the staff of the Park Department to transport my child _____ for emergency medical/dental treatment.

Parent Signature _____ Date _____
 Print Name _____

As provision by 45 CFR 164.522 of the Health Insurance Portability & Accountability Act of 1996 you have a right to request restriction and confidential communications of your health information.

Please note unless otherwise requested-Belton Park Department personnel will share this information with preschool staff members when it is necessary for the health, safety, or well-being of the child. By signing above you are giving the Belton Park Department permission to share this information as directed above in a confidential manner.

Thank you for helping us keep our information on your child current. This helps us ensure the safety of our students and enables us to contact the appropriate person in case of emergency.

Belton Park Department Permission for Stock Medications

Student's Name _____

Dear Parent or Guardian,

The following medications will be dispensed by the Belton Park Department. This form must be signed and on file in the health office for a student to receive the medication. Label recommendations for appropriate indications for usage and dosage will be followed.

Please mark an "X" on the line of any medication that you DO NOT want your child to have.

Note: If a child demonstrates habitual usage of over the counter medications, a doctor's order may be requested to verify that ongoing symptoms have been evaluated.

- _____ 1. **Sting Kill**-applied locally for minor bee or wasp stings.
- _____ 2. **Triple Antibiotic Ointment**-applied locally to minor cuts and abrasions.
- _____ 3. **Anbesol or Orajel**-applied locally for mouth or gum discomfort.
- _____ 4. **Menthol Throat Lozenges**-orally for minor cough or sore throat pain.
- _____ 5. **Robitussin DM**-for minor cough without temperature. Persistent coughs will be referred to the Doctor. *Will not be given to students with asthma.*
- _____ 6. **Chloraseptic Throat Spray**-applied locally for minor sore throat pain.
- _____ 7. **Calcium Carbonate Chewable Tablets**-(Tums or Rolaids) oral for temporary relief of gastric discomfort without temperature.
- _____ 8. **Acetaminophen** (non-aspirin like Tylenol or Aspirin-free Anacin) oral for minor headaches, toothaches and other minor aches and pains.
- _____ 9. **Sudafed (pseudoephedrine)**-for nasal congestion and sinus pressure.
- _____ 10. **Bactine**-locally for minor cuts and abrasions.
- _____ 11. **Calamine Lotion**-locally for itching.
- _____ 12. **Aloe Lotion**-locally for sunburn or dry skin.
- _____ 13. **Eye Irrigation Solution/saline eye drops**-for minor eye discomfort.

Allergies _____

Does your child have asthma? (circle one) Yes No

Please mark one of the lines below:

_____ Yes, my child may receive the medications listed above.

_____ Yes, my child may receive the medications listed above **except for the ones I have marked with "X"**.

_____ **No**, I do not want my child to receive any of the above listed medications.

Signature _____ Date _____

Print Name _____

**Belton Park Department
Summer Camp 2010 Media Release**

I, _____, give the Belton Park Department permission to photograph/video record my child's likeness and/or voice for use by the department for publicity purposes only. Please be aware that these photos are for Parks and Recreation use only and may be used in future catalogs, flyers and on the department's website.

Parent's Signature

Date