



Washtenaw County Parks & Recreation Commission - Summer Day Camp
Camper Information Form & Waiver of Liability

Start Date: _____ End Date: _____

Camper Name: _____ Date of Birth: _____

Does your Camper require a life jacket when swimming? Yes No

1st Emergency Contact: Name, Street Address, City, State, Phone Numbers (H, W, C)
2nd Emergency Contact: Name, Street Address, City, State, Phone Numbers (H, W, C)

Please list all persons (must be 18 years or older) with permission to drop off/pick up your child.

Name: _____ Age: _____ Relation: _____ Phone: _____
Name: _____ Age: _____ Relation: _____ Phone: _____
Name: _____ Age: _____ Relation: _____ Phone: _____

Health Information

Are your child's immunizations up to date? Yes No
Other Health Issues/Contagious Diseases (If any) _____
Does your child have any physical restrictions? Yes No
If yes, please list restrictions: _____
Please list all medications your child is currently taking: _____
Will your child be bringing any of these medications with them to camp?* Yes No
Does your child need a reminder to take their medication? Yes No
How and what time is the medication dispensed? _____
Does your child have any existing allergies we should know about? Yes No
If yes, please list allergies: _____

Does your child require an EpiPen for these allergies?* Yes No

*Please Note: WCPARC Employees are not authorized to dispense medication or administer injections. Camp staff will use EpiPens, if provided by the child's parent, in an effort to save the child's life. This is the one and only exception to dispensing medication at WCPARC Day Camps.

Participant Impairment (please check all that apply)

- ___ Visually Impaired ___ ADD/ADHD ___ Seizure Disorder (controlled?)
___ Hearing Impaired ___ Learning Disabled ___ Autistically Impaired
___ Emotionally Impaired ___ Diabetic

If there is any additional information you would like to tell us about in regards to your child's needs, please write it on the back of this form.

If WCPARC Camp Staff are unable to reach me or a person whom I have designated, understand appropriate emergency care deemed advisable by WCPARC will be sought. I agree to pay for all expenses that may be incurred by this emergency care.

I hereby state that the information provided on this form is correct to the best of my knowledge.

Signature of Parent/Legal Guardian

Date