



# River Forest Park District

## CONFIDENTIAL CAMPER DATA FORM

CHILD'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

CAMP ATTENDING: \_\_\_\_\_ WEEK(S): \_\_\_\_\_

**Parent/Legal Guardian allowed to pick-up:**

Parent/Legal Guardian #1: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Legal Guardian #2: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Additional people who are authorized to pick-up my child: Drivers license or state ID will be required.**

Name #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I, \_\_\_\_\_ authorize the following people to pick up my child and be contacted in the event of an emergency from the River Forest Park District Summer Camp Program. In doing so, I relieve the River Forest Park District of all responsibility for my child after he/she has been released from the program. Attempts will be made to reach the parent/legal guardian first.

**\*CHILDREN WILL NOT BE RELEASED UNTIL THE PARENT/CAREGIVER COMES TO THE SITE WHERE THE CHILDREN WILL BE WAITING WITH CAMP STAFF\***

**Unauthorized pick-up: People who CANNOT pick up your child from Summer Camp:**

Name #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Permission for child to leave without Parent/Legal Guardian/Authorized Person: YES NO**

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*By signing this, I acknowledge that once discharged, my child will go directly home from camp, and I relieve the River Forest Park District of all responsibility for my child after he/she has been released from the program.

A late fee will be charged if you are late to pick up your camper, **\$15.00 for every fifteen minutes**. Time is measured by the watch/clock of the counselor doing sign out.

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CONFIDENTIAL CAMPER INFORMATION**

This form is designed to improve communication between the camp staff and the families we serve to ensure your child is having a great summer experience. Please take time to complete this form carefully.

**CAMPER'S FULL NAME:** \_\_\_\_\_

**NICKNAME/PRONOUNS:** \_\_\_\_\_

List any disabilities, allergies, or special health conditions: \_\_\_\_\_

\_\_\_\_\_

List the child's interests/hobbies: \_\_\_\_\_

List activities that the child particularly wants to do at camp: \_\_\_\_\_

List any fears the child may have? Please tell us about them: \_\_\_\_\_

\_\_\_\_\_

Does the child have any communication difficulties?    **YES**    **NO**

If yes, please explain, including extent of difficulties and any methods used to compensate for difficulties:

\_\_\_\_\_

Are there any special behavioral concerns staff should be aware of?    **YES**    **NO**

If yes, please explain: \_\_\_\_\_

What is the child's usual personality/behavior? (If your child has a current behavior plan, please provide us with a copy).

\_\_\_\_\_

List any rewards the child receives for appropriate behavior: \_\_\_\_\_

\_\_\_\_\_

Please explain any discipline the child receives for inappropriate behavior: \_\_\_\_\_

\_\_\_\_\_

Does the child qualify to receive special education services through school?    **YES**    **NO**

What type of classroom is the child in during the school year (nonspecial education, special education, inclusion)?

\_\_\_\_\_

Please provide any other information you feel may put us in a better position to understand the child and their needs.

\_\_\_\_\_



## **Give a High 5!**

### **Safety & Behavioral Policy**

Thank you for enrolling your child in the River Forest Park District Summer Camp. It is our intention to provide your child with a safe and secure environment. We attempt to create a warm, comfortable, and fun atmosphere that will make your child look forward to coming to the camp. In order to ensure the quality of this camp and safety of the campers and staff, each participant must be able to **Give a High 5!**

- 1. Camper must show respect to all participants, staff, Park District patrons, equipment and property.**
- 2. Camper must keep hands, feet, head and other body parts to themselves - fighting, hitting, theft and destruction of property will not be tolerated.**
- 3. Camper must use appropriate language at all times.**
- 4. Camper must be able to follow directions with minimal intervention by staff.**
- 5. Camper must be able to stay with their assigned camp group.**

#### **Resolving Problems if the *Give a High 5* guidelines are not followed:**

- 1. Camp Counselor will first attempt to resolve the problem with the camper.**
- 2. Camp Director will be consulted**
- 3. Verbal warning (parent will be notified at pick-up)**
- 4. Time out/activity withheld (parent will be notified at pick-up)**
- 5. Written warning #1 (parent will be contacted to pick-up their child immediately)**
- 6. Written warning #2 (parent will be contacted to pick-up their child immediately and the child will be removed from the camp and will not be eligible to return this season.)**
- 7. Dismissal from camp**

#### **Immediate Dismissal**

- 1. Any camper who runs away from the staff will be removed from the camp for the remainder of the program. If staff cannot convince the child to return, the police will be called. The staff is not permitted to chase after children or leave the site.**
- 2. Any camper who harms himself or another will be removed (physical and/or verbal abuse).**
- 3. Any camper who abuses staff will be removed.**

**Physical Violence is not tolerated in this program. The Park District reserves the right to dismiss a participant whose behavior endangers the safety of themselves or others.**



**River Forest Park District**

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**Code of Conduct for Parents:** Parents are expected to follow the program rules and treat the staff with respect. All camp issues, comments or concerns should be directed to the Camp Director or the Superintendent of Recreation. A child whose parents verbally abuse staff will be removed from the program. This includes sarcasm, criticism, yelling, screaming and/or negative comments directed at staff and/or other parents. The police will be called to remove any parent who appears out of control.

I have discussed the rules and consequences of the *Give a High 5* Policy with my child, and they understand what is expected from them at the camp.

No refunds will be given if a participant is removed due to violation of the Park District's *Give a High 5* Policy.

Every parent/guardian is required to read the following information to his/her child and sign and return this *Give a High 5* Policy Form. *(This must be on file prior to the start of the program.)*

Participant's Name (Print): \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ (5 years of age and older)

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**River Forest Park District**

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**River Forest Park District  
Allergy Action Plan**

**DATE FORM FILLED OUT:** \_\_\_\_\_

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

**D.O.B.:** \_\_\_\_\_

**ALLERGIC TO:** \_\_\_\_\_

\_\_\_\_\_

**Asthmatic Yes \***  **No \***

**Higher risk for severe reaction Yes \***  **No \***

**Step 1: TREATMENT**

**Symptoms:**

- If an allergen has been introduced, but *no symptoms*:
- Mouth Itching, tingling, or swelling of lips, tongue, mouth
- Skin Hives, itchy rash, swelling of the face or extremities
- Gut Nausea, abdominal cramps, vomiting, diarrhea
- Throat† Tightening of throat, hoarseness, hacking cough
- Lung† Shortness of breath, repetitive coughing, wheezing
- Heart† Thready pulse, low blood pressure, fainting, pale, blueness
- Other† \_\_\_\_\_
- If reaction is progressing (several of the above areas affected), give

**Give Checked Medication\*\*:**

(To be determined by parent or physician authorizing treatment)

- Epinephrine  Antihistamine
- Epinephrine  Antihistamine
- Epinephrine  Antihistamine
- Epinephrine  Antihistamine
- Epinephrine  Antihistamine
- Epinephrine  Antihistamine
- Epinephrine  Antihistamine
- Epinephrine  Antihistamine
- Epinephrine  Antihistamine

The severity of symptoms can quickly change. †Potentially life-threatening.

**DOSAGE**

**Epinephrine:** inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject™ 0.3 mg Twinject™ 0.15 mg  
(see reverse side for instructions)

**Antihistamine:** give \_\_\_\_\_  
medication/dose/route

**Other:** give \_\_\_\_\_  
medication/dose/route

**IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.**

***EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO CALL 911.  
Unless otherwise arranged, ONLY paid and trained park district staff  
will be allowed to dispense medication.***

**STEP 2: EMERGENCY CALLS –**

1. Call 911 - State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. Parents: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

4. Emergency contacts:

a. NAME: \_\_\_\_\_ Phone Number: \_\_\_\_\_

b. NAME: \_\_\_\_\_ Phone Number: \_\_\_\_\_

***EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO CALL 911.  
Unless otherwise arranged, ONLY paid and trained park district staff will be allowed to dispense medication.***

**TRAINED STAFF MEMBERS**

1. \_\_\_\_\_  
Trained Staff Name Parent Signature

2. \_\_\_\_\_  
Trained Staff Name Parent Signature

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**EpiPen® and EpiPen® Jr. Directions**

- Pull off gray activation cap.
- Hold black tip near outer thigh (always apply to thigh).
- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

**Twinject™ 0.3 mg and Twinject™ 0.15 mg Directions**

- Pull off green end cap, then red end cap.
- Put gray cap against outer thigh, press down firmly until needle penetrates. Hold for 10 seconds, then remove.

**SECOND DOSE ADMINISTRATION:**

If symptoms don't improve after 10 minutes, administer second dose:

- Unscrew gray cap and pull syringe from barrel by holding blue collar at needle base.
- Slide yellow or orange collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.

-Once EpiPen® or Twinject™ is used, call 911

-For children with multiple allergies, consider providing separate Action Plans for different allergies.

# River Forest Park District Medication Dispensing Information

*This form must be completed for each program session or when medication changes.*

**BACKGROUND INFORMATION:**

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

Address: \_\_\_\_\_

Parent's/Guardian's Name(s) \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell/Other Phone: \_\_\_\_\_

Program Name: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICATION INFORMATION:**

1. Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Dispensing & Storage Instructions: \_\_\_\_\_  
\_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

2. Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Dispensing & Storage Instructions: \_\_\_\_\_  
\_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

**OTHER INFORMATION:** \_\_\_\_\_  
\_\_\_\_\_

**I understand that it is my responsibility to give the medication directly to program staff with full instructions in individual dosage containers, clearly labeled envelopes, or in original prescription bottles.**

**In all cases, medication dispensing can only be changed or modified by completing another Permission and Waiver to Dispense Medication Form and Medication Information Form.**

**I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, guardian, ward, or other family member is accurate. I also understand that it is my responsibility to inform the agency if any changes in the dispensing of medication change.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**River Forest Park District  
Permission To Dispense Medication  
*Waiver and Release of All Claims***

The River Forest Park District will not dispense medication to a minor child or other participant until the Permission and Waiver to Dispense Medication and Medication Information Form have been fully completed by a parent or guardian. The Park District's internal procedures on dispensing medication are available for review.

**NAME OF PROGRAM:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I \_\_\_\_\_ the parent/guardian of \_\_\_\_\_

Give permission to the staff of the River Forest Park District:      **to administer to my child**

\_\_\_\_\_  
(Name of Medication)

**I understand it is my responsibility to give the medication directly to the program staff in individual dosage containers, original prescription containers, or envelopes clearly labeled with the following information:**

**PARTICIPANT'S NAME:** \_\_\_\_\_

**NAME OF MEDICINE AND COMPLETE DOSAGE INSTRUCTIONS:**

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

**In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to the River Forest Park District to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.**

**I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. In consideration of the River Forest Park District administering medication to my minor child, I do hereby fully release or discharge the River Forest Park District, and its officer, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child may have, arising out of, connected with, incidental to, or in any way associated with the administering of medication. I further agree to indemnify, hold harmless and defend the River Forest Park District, and its officers, agents, volunteers and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child and arising out of, connected with, incidental to or in any way associated with the administering of medication.**

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**



**WAIVER & RELEASE OF ALL CLAIMS FOR USE OF INHALER OR AUTO-INJECTOR**

**WAIVER AND RELEASE OF ALL CLAIMS AND INDEMNIFICATION**

Please read this form carefully and be aware that pursuant to the Illinois Asthma Inhalers at Recreational Camps Act, 410 ILCS 607/1 *et seq.*, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain in connection with the possession, self-administration, or use of medication, including, but not limited to the use of an epinephrine auto-injector or inhaler at the camp or at any camp-sponsored activity, event, or program; except for claims arising out of the willful and wanton conduct of the River Forest Park District.

As parent/guardian of the below identified participant, I verify and attest that my child/ward has the knowledge and skills to safely possess, self-administer, and use an epinephrine auto-injector or inhaler in a camp setting. I also recognize and acknowledge that there are certain risks of physical injury to participants' possession, self-administration, or use of medication, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said possession, self-administration, or use of medication. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of or arising out of the possession, self-administration, or use of medication against the River Forest Park District, including its officials, agents, volunteers and employees; except for claims arising out of the willful and wanton conduct of the River Forest Park District.

I further agree to protect, indemnify, save, defend and hold harmless the River Forest Park District from and against any and all liabilities, obligations, claims, damages, penalties, causes of action, costs and expenses (including reasonable attorney fees) for which the River Forest Park District may become obligated by reason of the possession, self-administration, or use of medication; except to the extent caused by the willful and wanton conduct of the River Forest Park District.

I have read and fully understand the above waiver and release of all claims and indemnification. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

PLEASE PRINT

Participant's Name

\_\_\_\_\_

Parent/Guardian's Signature

\_\_\_\_\_

Date \_\_\_\_\_

**PARTICIPATION WILL BE DENIED**

**If the signature of parent/guardian and date are not on this waiver.**

