

# Additional Camp Form



Last Name: \_\_\_\_\_ Grade (Fall 2012) \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print)

First Name: \_\_\_\_\_

Camp(s) attending: \_\_\_\_\_  
(i.e. Camp Mansfield, Basketball Camp, etc.)

Session(s) attending: \_\_\_\_\_

## Camp Information Form

**\*\*\*This form, along with a general registration form, must be completed before your child will be registered for camp\*\*\***

### Grouping requests and camper self sign in/out permission

**Group requests:** We are happy to group campers with friend/relative who will be in the same grade in the Fall when possible.

\_\_\_\_ Please group with a friend or relative, Friend/Relative's Name \_\_\_\_\_

**Camper Sign In/Out** (entering grades 6 and up only): My child \_\_\_\_\_ **IS** allowed to sign himself/herself in and out of camp each day. I realize he/she may **NOT** sign other children (including siblings) in/out.

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

### People authorized to pick up my child from camp

The listed people are authorized to pick up my child from their Mansfield Parks and Recreation Summer Camp. I understand that camp staff may ask for identification if they are not certain of the person who is picking up my child. Furthermore, I realize that I may update this form at anytime, but if a name does not appear on this form my child will not be allowed to leave camp with the unauthorized person.

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

(use back side of form if needed to list any other names, relationship and phone numbers of authorized pickups)

Name	Relationship	Phone

### Health Information (information is confidential to Camp Staff)

1. Describe any current health conditions requiring medication, treatment, or special restrictions or considerations while at camp.

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

We are not able to administer medication during the camp day. Campers are not allowed to carry their own medications, with the exception of inhalers and epipens. If campers have inhalers or epipens they are required to have a written self-administration of medication form on file in the camp office. (See below)

2. Please list any camper allergies (food, bee stings, medications, etc) \_\_\_\_\_  
\_\_\_\_\_

3. Does the camper need special assistance or have any physical, sensorial, or developmental limitation? (i.s. ADD, Autism, MR, etc)

Yes \_\_\_\_\_ No \_\_\_\_\_ **If yes, a "Special Assistance" form must be filled out 15 days before attending camp.** (see below)

4. Please send me the following additional forms:

\_\_\_\_ Authorization for the Self-Administration of Medicines Form (If campers have inhalers or epipens they are required to have a physician signed self-administration of medication form on file in the camp office.)

\_\_\_\_ Special Assistance Form

**To the best of my knowledge, the above information is up to date and accurate.**

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