

** Please fill out this box as it is important for us when placing campers in their camp groups —>

Grade Entering - Fall 2021 _____

Your child will not be allowed to attend the first day of camp without a completed Emergency Card on file at the camp location!

Cary Park District – Summer 2021 Day Camp Emergency Card

Camp ECHO & ECHO Extreme Participants

Please circle which camp and session(s) your child will be attending:

Camp ECHO 6/7 6/14 6/21 6/28 7/5 7/12 7/19 7/26 8/2 8/9
B/A CAMP BEFORE AFTER BOTH
5 Days or 2 Days

ECHO Extreme 6/7 6/14 6/21 6/28 7/5 7/12 7/19 7/26 8/2 8/9
B/A CAMP BEFORE AFTER BOTH
5 Days or 2 Days

_____ Please list what days

_____ Please list what days

Today's Date _____

Child's Name _____ (M / F) Family Last Name _____ Birth Date _____

Address _____ Home Phone _____ Cell Phone _____

Mother or Legal Guardian's Name _____ E-Mail Address _____

Employer _____ Phone Number _____ Ext _____

Father or Legal Guardian's Name _____ E-Mail Address _____

Employer _____ Phone Number _____ Ext _____

Can we contact either parent if a need arises? (Circle one) YES NO If no, please explain _____

Are both parents/guardians listed above authorized for pick-up? (Circle one) YES NO If no, please explain _____

If NO, which parent/guardian is not authorized for pick-up? _____

Authorization For Pick-Up ----- In addition to the names above, I give permission for the following people to pick-up my child:

** (A completed "Release of Summer Camp Child" form must also be submitted in advance to the camp staff. A photo ID will be required)

	<u>Name</u>	<u>Relationship</u>	<u>Phone Number</u>
1)	_____	_____	_____
2)	_____	_____	_____

** In the event a parent/guardian cannot be reached and a completed "Release of Summer Camp Child" form has not been submitted to the camp staff, I authorize the following individuals to be contacted to pick up my child. (One contact must be a Cary resident & available between 8:30 am & 3:30 pm Monday - Friday)

1) _____
Name Address Phone Number Relationship

2) _____
Name Address Phone Number Relationship

Medical History: (Day Camp Staff cannot administer any medication)

** If you need to send medication or if your camper has a food allergy or uses an asthma inhaler, a "Permission to Dispense Medication" form must be filled out in advance! Please contact the Program Manager prior to your child's first day of camp to obtain these forms.

Allergies** _____ List all medications currently taking** _____

Does your child need any special accommodations in order to be successful in this program? (ie. specialized equipment, behavior plan, etc.)

Family Physician _____
Name Address Phone Number

Consent for Treatment: (Please enter your child's name on the line)

THIS CONSENT WILL BE VALID BETWEEN JUNE 7, 2021 AND AUGUST 13, 2021 OR UNTIL RESCINDED IN WRITING BY THE PARENT OR GUARDIAN. IN A MEDICAL EMERGENCY, I GIVE PARENTAL CONSENT FOR THE CARY PARK DISTRICT TO TAKE MY CHILD _____ TO THE NEAREST HOSPITAL OR MEDICAL CLINIC TO RECEIVE NECESSARY MEDICAL ATTENTION, IF THE CARY PARK DISTRICT IS UNABLE TO CONTACT THE PARENT OR GUARDIAN.

Signed _____ Relationship _____