

**Village of Antioch Parks & Recreation Department
2009 Summer Day Camp**

Child's Name _____
(First) (Last)

Child's Address _____

City _____ State _____ Zip _____

Birth date _____ Age as of 6/1/09 _____ Gender _____

Child lives with: _____ Both parents _____ Father _____ Mother _____ Guardian

Father/Guardian _____ Mother/Guardian _____

Address _____ Address _____

City _____ State _____ City _____ State _____

Home Phone _____ Home Phone _____

Place of Employment _____ Place of Employment _____

Work Phone _____ Work Phone _____

Work Hours _____ Work Hours _____

E mail _____ E mail _____

Medical Information

Doctor _____ Doctor's Phone _____

Doctor Address _____ Immunizations up to date? _____

Allergies or food restrictions _____

Comments (any personal or physical information we should know about regarding care for your child) _____

Will your child be taking medication at camp? _____ Dosage _____

Please sign to authorize staff to medicate child _____

In an emergency, my child may be taken to the nearest hospital by ambulance ___ Yes ___ No

Other than those listed on the front of this form, I authorize the Summer Day Camp staff to release my child to the following individuals. I also understand that if I do not pick-up my child by 6:10 p.m. and cannot be reached, the Summer Day Camp staff will call these people to come and pick-up my child. People not on this list will not, under any circumstances be allowed to pick-up my child.

Name/Relationship_____ Phone_____

Name/Relationship_____ Phone_____

Name/Relationship_____ Phone_____

If those listed on the front of this form cannot be reached in case of emergency, please contact one of the following:

Name/Relationship_____ Phone_____

Name/Relationship_____ Phone_____

Under **NO** circumstance will the following people be allowed to pick-up my child. **Please alert me if they try to do so.**

Name/Relationship_____ Phone_____

Name/Relationship_____ Phone_____

Please sign_____ Date_____

Person(s) responsible for paying the summer day camp fees for this child is:

Name_____