



Kids Camp Enrollment Information & Health History 2021

Please print and fill out in blue or black ink - **ONE FORM PER CHILD**

CHILD INFORMATION Name (Last, First, M.)		Email Address		Gender ____ Male ____ Female		First Day of Attendance	
Address – Home (Street, City, Zip)				Telephone Number		Birthdate (mm/dd/yyyy)	
PARENT OR GUARDIAN – All parents / guardians are permitted to visit during program hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order, if any.						School (During School Year)	
Relationship to Child	Name	Address – Home (Street, City)	Home / Cell Telephone No.	Where Reachable While Child is in Care			
				Place of Employment & Email address (if different from above)		Telephone	
Name and Relationship to child			H- C-				
Name and Relationship to child			H- C-				
AUTHORIZED PERSONS – Persons other than parents / guardians who are authorized to pick up the child. If no one, write "None."							
Relationship to Child	Name	Email Address Where Reachable When Child is in Care	Home / Cell Telephone No.	Place of Employment			
				Name		Telephone	
EMERGENCY CONTACT – The person to be notified in an emergency when parents / guardians cannot be reached. Yes _____ No This person is authorized to pick up the child.							
Relationship to Child	Name	Email Address Where Reachable When Child is in Care	Home / Cell Telephone No.	Place of Employment			
				Name		Telephone	
Primary Care Provider							
Name			Address (Street, City, State, Zip Code)			Telephone Number	
AUTHORIZATION							
<ul style="list-style-type: none"> ● Policies - I have reviewed and understand the Kids Camp policies. ● Media Release ____ Yes ____ No - I hereby irrevocably release, consent and authorize the Franklin Community Education and Recreation Department and its agents to use my child's photograph, likeness/voice as it pertains to his/her participation with the Franklin Community Education and Recreation Department in any manner for promotional efforts without exception of or right to any reimbursement in connection with its use. 							
SIGNATURE – Parent or Guardian						Date Signed	

~~ OVER ~~

Child's Name: _____

Authorization-Sunscreen/Insect Repellent

Yes No I authorize the center to allow my child to self-apply Sunscreen:

Yes No I authorize the center to allow my child to self-apply Repellent:

(Sharing of sunscreen/repellent is not permitted outside of each family. Kids Camp will not supply sunscreen/repellent. Sunscreen is highly recommended for your child's safety).

Health History

1. Does your child have any of the conditions listed below? Yes No

If yes, please check all that apply

ADD/ADHD Asthma/Respiratory Cognitively Disability Epilepsy/Seizure Disorder Heart problems

Physical Disability Diabetes Mental Health (Specify) _____

Non Food Allergies _____

Food Allergies-Specify food(s): _____

Other condition(s) requiring special care-Specify: _____

Are any conditions life threatening? Yes No If yes-Specify: _____

Does your child have or use rescue medications? (ie: inhaler, epi-pen, diastat) Yes No

If yes-Specify: _____ I understand that Kids Camp will only administer medications for a life-threatening allergy and/or rescue medication and will be provided by the parent.

Does your child take any medications on a daily basis? Yes No If Yes, When? _____

If "Yes" please list: _____

Does your child have an IHP (Individualized Health Plan) on file? Yes No

Does your child have an IEP (Individualized Education Plan) on file? Yes No

Does your child have a 504 plan on file? Yes No

If there are special emergency care instructions or other information needed to care for your child please contact the District Nurse, Lori O'Neil at lori.oneil@franklin.k12.wi.us to discuss a plan. This plan must be in place before your child can attend Kids Camp.

Additional Information:

I give Franklin Public Schools and Community Education & Recreation Department permission to have my child transported to an emergency medical facility if it is medically necessary.

Signature of Parent/ Guardian

Date