



## Summer Camps Guidelines

Thank you for choosing Lake County Forest Preserves Summer Camp. Our camps are designed to help your child gain a deeper appreciation and respect for nature, art, and culture. These guidelines help to ensure a safe and rewarding experience for everyone.

**Code of Conduct and Discipline**—Please review the following guidelines with your child.

Children are expected to display appropriate behavior:

- Show respect to all participants, staff, and nature
- Be pleasant to others and refrain from using foul language
- Refrain from putting themselves and others in danger
- Use equipment, supplies, and facilities as instructed
- Always wear shoes
- Stay with the group

You will be contacted to discuss behavior problems that may arise. The following disciplinary techniques are used:

- Verbal warning: address issue and expectations
- Time out: the child is removed from the activity for an appropriate amount of time
- Parent involvement: the parent is contacted to help resolve the situation
- Removal from program: this occurs when a severe issue exists, such as causing intentional harm to others or consistent disruptions of camp activities

## Appropriate Attire and Gear

The following attire is recommended for your child's safety and comfort. Campers explore nature and create art, so expect they will be dirty. Leave all cell phones, electronics, valuables, and pocket knives at home.

### ATTIRE

- € Sturdy footwear with heel straps. No flip-flops, "jellies," or Crocs
- € Brimmed hat, visor, and/or sunglasses
- € Rain jacket, pants, boots as required by weather
- € Long pants required for some activities. Refer to the camp's itinerary for specific details.

### GEAR

- € Filled reusable water bottle, at least 16 oz
- € Sunscreen and insect repellent; *they are not provided or applied by staff*
- € A backpack; no drawstring or single strap
- € Snacks, also a sack lunch for full day camps

## Camper Drop-off and Pick-up

- Your program receipt includes the drop-off location.
- Park in designated lots.
- Adult must check in camper with staff no sooner than 10 minutes prior to the start of camp.
- Pets are not allowed at Independence Grove or Ryerson Conservation Area.
- Anyone picking up your child will need to present a photo ID (i.e. driver's license).
- We will not release your child to anyone who is not authorized on your submitted form.
- An additional fee may be charged for persistent tardy pick-up.

## How Weather Affects Camps

The safety of your camper is important to us, and weather can change unexpectedly. Staff makes the best decisions they can with the information on hand. Camp locations with indoor space typically do not cancel due to weather; these sites include *Greenbelt Cultural Center, Lakewood, and Ryerson Conservation Area*.

- Rain: Camps are not cancelled due to rain. Bring rain attire.
- Lightning/Thunderstorms: If lightning persists more than 30 minutes in your camper's location, camp may be canceled.\*
- Heat Index: When the heat index reaches 100 degrees, activities are altered or camp may be canceled.\*

\*When cancellation occurs, the first emergency contact listed on the submitted form is notified by phone and expected to pick up your camper. Camp cancellations are announced on the Summer Camp Weather Hotline, 847-968-3235. This is updated as needed during camp hours.

## Health and Safety

- All camp staff is certified in First Aid, CPR, AED, EpiPen and asthma inhaler assistance. They will take whatever emergency medical measures are deemed necessary for the protection and safety of the camper within their training. This may include calling for an ambulance.
- We expect campers to be healthy when attending camp and must be notified immediately of any communicable disease.
- If your child has special needs for medication during the day or is taken off a particular medication during the summer, please make those details clear on your Health Form. For medications, including EpiPen and asthma inhaler, that may need to be taken *during camp hours*, you must complete the Medication Dispensing Information, Permission, and Waiver form. The only medications campers are allowed to carry are their asthma inhaler and/or EpiPen.

## Need More Information?

Contact us at **847-968-3321** with any health and safety concerns or questions about the program.



LAKE COUNTY FOREST PRESERVES  
www.LCFPD.org

Preservation, Restoration, Education and Recreation

## Day Camp Emergency Contact & Health Form

**THIS FORM AND THE DAY CAMP WAIVER AND RELEASE FORM ARE DUE JUNE 1 OR UPON REGISTRATION. One form per child serves all registrations. However, an original signature is required on health forms and waivers.** Return the attached form to: CAMP FORMS, LAKE COUNTY FOREST PRESERVES, 1899 WEST WINCHESTER ROAD, LIBERTYVILLE, IL 60048-1199. Copies may be downloaded from [www.LCFPD.org/campforms](http://www.LCFPD.org/campforms) or by calling 847-968-3321.

NAME OF PARTICIPANT	Birthdate (Month / Day / Year)	Entering Grade
Address	City	State ZIP

PROGRAM NAME & DATE(S):	PRESERVE(S):

I have read, understand and will abide by the Summer Camp guidelines.

Signature

### Emergency Contact Information

List phone number where emergency contacts can be reached **during the program hours** (usually daytime phone and cell).

### PRIMARY CONTACT FOR EMERGENCIES & CAMP CANCELLATIONS:

	Relationship:	Phone:
MOTHER:	Daytime Phone:	Cell:
FATHER	Daytime Phone	Cell:
ALTERNATE EMERGENCY CONTACT:	Relationship:	Phone:
MAY WE CONTACT YOU VIA EMAIL?    Y    N	Email address:	

### Child Pick-Up

Anyone picking up your child will need to present a photo ID (i.e. drivers license) daily to camp staff for release of your child. We will not release your child unless proper identification is given. Please list persons (**including yourself**) authorized to pick up your child.

**Print clearly please:**

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NAME OF PARTICIPANT	Birthdate (Month / Day / Year)	Entering Grade
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**Medical Information****ALLERGIES & DIETARY RESTRICTIONS.** Please list, describe reaction and management of the reaction as applicable.

**MEDICATIONS:** Please complete the separate Medication Dispensing Information, Permission and Waiver if you expect camp staff to dispense medication to your child, or if your child will carry an asthma inhaler or epi-pen. Children are expected to bring whatever medical supplies or medications they will need each day, along with written instructions. The medication must be in the original prescription bottle or in a clearly marked container which includes the camper's name, medication, dosage and time of day medication is to be given. Staff will remind them to take medication. Please list below all medications, including epi-pen, asthma inhaler, over-the-counter or nonprescription drugs, taken regularly, or if they are abstaining from a drug during camp season that is typically taken on a daily basis.

MEDICATION	DOSAGE	SPECIFIC TIME TAKEN
REASON FOR TAKING		

MEDICATION	DOSAGE	SPECIFIC TIME TAKEN
REASON FOR TAKING		

**HEALTH INSURANCE / PHYSICIAN**

Insurance Company	Policy/Group Number	Participant ID Number
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Physician's name	Office Phone Number
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**IMMUNIZATIONS.** Are the child's immunizations current?    Yes        No              /      /        
Date of last Tetanus shot

**PAST MEDICAL TREATMENT.** Please list any major medical treatment, type and date:

**NOTIFICATION.** Do you want to be notified immediately during the camp session for minor injuries (e.g., scrape, non-allergic bee sting, bloody nose, sliver) that do not limit participation in the program?    Yes        No

**SPECIAL NEEDS.** Are there any physical, mental, psychological or behavioral conditions requiring medication, treatment, or special restrictions or considerations while at camp of which we should be aware to ensure your child's fullest enjoyment of their camp experience? Please describe, including any special accommodations necessary. Please note that it is your responsibility to supply any necessary medical equipment which relates to a specific medical condition. Are there any camp activities from which the camper should be exempted for health reasons?

**Permission to Secure Treatment**

In the event of any emergency, I authorize the Lake County Forest Preserve District to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I understand that this authorization includes transporting my child by ambulance if necessary to the nearest medical treatment facility or hospital if I am unable to be reached first.

SIGNATURE OF PARENT OR GUARDIAN	DATE
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PRINTED NAME
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## Medication Dispensing Information

This form must be completed **for each program session** if you expect camp staff to dispense medication to your child or when medication changes, or if your child will carry an asthma inhaler and/or epi-pen.

### BACKGROUND INFORMATION:

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

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

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

Daytime Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

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

PROGRAM NAME	DATE(S):	PRESERVE:

### MEDICATION INFORMATION:

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

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

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

Complete Dosage Instructions \_\_\_\_\_

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

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

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

Complete Dosage Instructions \_\_\_\_\_

Name of Participant	Program Name	Program Dates	Preserve
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3. Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

Complete Dosage Instructions \_\_\_\_\_

\_\_\_\_\_

OTHER INFORMATION:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My child has my permission to carry their own \_\_\_\_\_ inhaler, \_\_\_\_\_ epi-pen and has been instructed not to show or share it with others. \_\_\_\_\_ initial

I understand that it is my responsibility to give the medication (pills or other items that are not asthma inhalers or epi-pens) 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

Name of Participant Program Name Program Dates Preserve

Permission to Dispense Medication Waiver and Release of All Claims

The Lake County Forest Preserve 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 agency's internal procedures on dispensing medication are available for review.

NAME OF PROGRAM(S): DATE(S):

I the parent/guardian of (Print Your Name) (Print Child's Name)

give permission to the staff of the Lake County Forest Preserve District

to administer to my child Name of Medication(s)

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

- Name of camper Dosage Prescribing Doctor
Name of medication Time of day to be given Doctor's phone number

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 Lake County Forest Preserves 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.

WAIVER & RELEASE OF ALL CLAIMS

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. 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.

In consideration of the Lake County Forest Preserve District administering medication to my minor child, I do hereby fully release or discharge the Lake County Forest Preserve District, and its officers, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child may have (or accrue to 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



## Day Camp Waiver & Release

NAME OF PARTICIPANT(S)	Birthdate (Month / Day / Year)	Entering Grade
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**THIS FORM AND THE DAY CAMP EMERGENCY CONTACT AND HEALTH FORM ARE DUE JUNE 1 OR UPON REGISTRATION. An original signature is required, faxes cannot be accepted.**

Please read this form carefully and be aware in registering your minor child/ward for participation in the program or programs listed above you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising from that program.

### Important Information

The Lake County Forest Preserve District is committed to conducting its programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their children in programs and activities must recognize, however, that there is an inherent risk of injury when choosing to participate. The Lake County Forest Preserve District strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant's safety.

Please recognize that the Lake County Forest Preserve District does not carry medical accident insurance for injuries sustained in its programs and activities. The cost of such medical expense would make program fees prohibitive. Therefore, each person registering themselves or a family member for a program or activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the Lake County Forest Preserve District automatically responsible for the payment of medical expenses. Your cooperation is greatly appreciated.

### Release of Liability & Permission to Secure Treatment

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s).

I agree to waive and relinquish all claims I or my minor child/ward may have against the Lake County Forest Preserve District and its officers, agents, volunteers and employees as a result of participation in the program.

I do hereby fully release and discharge the Lake County Forest Preserve District and its officers, agents, volunteers and employees from any and all claims from injury, damage or loss with the activities of the program(s).

I further agree to indemnify and hold harmless and defend the Lake County Forest Preserve District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages, and losses sustained by me or my minor child arising out of, connected with, or in any way associated with the activities of the program(s).

In the event of any emergency, I authorize the Lake County Forest Preserve District to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

### Photography Release

I give permission for my child's picture to be used in advertisements for the Lake County Forest Preserves.

I have read and fully understand the above Release of Liability and Permission to Secure Treatment and Photography Release.

\_\_\_\_\_  
SIGNATURE OF OR PARENT / GUARDIAN)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME