

Discipline

If behavior problems arise, you will be contacted that day to discuss the nature of the problem. The following disciplinary techniques will be used for uncooperative children:

- Verbal warning
- Time out: the child is removed from the activity (but not from the vicinity) for duration of up to one minute for each year of age.
- Parent involvement: if the child has difficulty controlling themselves, the parent will be contacted to handle the situation.
- Removal from program: if problems persist or the behavior is severe such as causing intentional harm to others or consistent disruptions of camp activities, the child will be removed from the program for the day or the rest of the week and a prorated refund will be issued.

Medical Issues

- You or your emergency contact need to be available to pick up your child from camp. In the event of a medical emergency you will be notified immediately. These include:
 - Camper illness
 - Severe injury
- You will be notified in the event of any injury IF so requested on the Contact and Health Form.
- All camp staff are First Aid and CPR-trained and will take whatever emergency medical measures are deemed necessary for the protection and safety of the camper. This may include transportation by ambulance to the nearest medical treatment facility.

Medications

- If your child has special needs for medication during the day or is on a drug holiday, please make those needs clear on your Health Form.
- Children are expected to bring whatever medical supplies or medications they will need each day and turn it in to staff, along with written instructions. Staff will be happy to remind them to take medication if we are notified in writing about their schedule. If your child has a strong allergy to bee stings or other conditions that require the use of an epi-pen, the child is expected to have the required supplies with them at all times, and also they should know how to administer these injections themselves. If a child needs assistance administering an epi-pen, a staff member trained to provide this assistance will do so.

Communicable Diseases

Campers, including their siblings with an infectious illness (H1N1, pink eye, hand, foot & mouth disease, etc.) must be removed from camp immediately for the safety of the other campers. A pro-rated refund will be issued.

Session Cancellations

Camps with insufficient enrollment will be canceled by June 1. Refunds will be issued.

Satisfaction Guarantee & Program Refund Guidelines

- Program refunds due to District cancellation will be prorated.
- Prorated refunds will not be given for campers who can't participate in a session because they fail to bring appropriate (safe) equipment or footwear as requested.
- If you are not completely satisfied with the quality of a program, contact us for credit toward another program or a refund.
- For program withdrawals, refund requests will be honored up to two weeks before the program begins. A service fee of \$10 will be charged for withdrawals or transfers from one camp section to another.
- Should you have any questions or concerns about the program, please feel free to contact Lynn Hepler, Outreach and Stewardship Manager, **at 847-968-3321**.

You are encouraged to attend the Camp Orientation for Parents, Wednesday, May 18, 2011 at 7 PM at Independence Grove Visitor Center. We look forward to sharing an enriching and rewarding camp experience with your child.



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, 3: ; ; Y . Y kpej guvgt'Tqcf., LIBERTYVILLE, IL 60048.

NAME OF PARTICIPANT Birthdate (Month / Day / Year) Entering Grade

Address City State ZIP

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

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? Yes No 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: _____

Friendship Request

We will do our best to honor friendship requests. Only one friend may be placed with your child, and both must be entering the same grade in the fall. Friendship requests are only accepted through the use of this form. *You may only request one friend and that friend must also request you.* If you submit more than one name, only the first name listed will be used. I request to be with:

Friend's Name Entering Grade

NAME OF PARTICIPANT

Birthdate (Month / Day / Year)

Entering Grade

Medical Information

ALLERGIES & DIETARY RESTRICTIONS. Please list, describe reaction and management of the reaction as applicable.

MEDICATIONS. Please list all medications (including over-the-counter or nonprescription) taken regularly, or if they are on a drug holiday. Children are expected to bring whatever medical supplies or medications they will need each day and turn it in to staff, along with written instructions. Staff will be happy to remind them to take medication if we are notified in writing about their schedule.

MEDICATION: _____ Dosage: _____ Specific time taken: _____

Reason for taking: _____

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Reason for taking: _____

HEALTH INSURANCE / PHYSICIAN

Insurance Company _____ Policy/Group Number _____ Participant ID Number _____

Physician's name _____ Office Phone Number _____

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 _____

PRINTED NAME _____



Day Camp Waiver & Release

NAME OF PARTICIPANT(S)	Birthdate (Month / Day / Year)	Entering Grade

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