

Parent Packet

Thank you for your interest in participating on in our Youth Summer Programs!

Please indicate which session(s) you would like your child to attend.

- Session 1, June 22 - 26
- Session 2, June 29 – July 1 * *This week is only a 3 day camp*
- Session 3, July 6 – July 10
- Session 4, July 13 – July 17
- Session 5, July 20 – July 24
- Session 6, July 27 – July 31

How many children are you sending to camp? _____

Participant(s) name/age

Name _____ Age _____

Name _____ Age _____

I authorize my child's photograph to be taken to appear in print ads or on Southwestern Collage and Crown Cove Aquatic Center publications while engaged in campus, camp and class activities if selected. YES NO

If you are sending multiple children, will they be attending the same sessions? _____ NO _____ YES

(if NO please indicate which child is participating in which session)

Name _____ Age _____ Session (1) (2) (3) (4) (5) (6)

Name _____ Age _____ Session (1) (2) (3) (4) (5) (6)

Parent/Guardian Contact information:

Name _____ Email: _____

Phone(s) (work) _____ (Cell) _____

Name _____ Email: _____

Phone(s) (work) _____ (Cell) _____

Who is authorized for pick up?

Name and Phone Number

- 1) _____ # _____
2) _____ # _____
3) _____ # _____

Self Sign Out

If your child is **15 years or older**, they may sign themselves out of camp at end of day with prior **parent/guardian permission**. If you would like your child to be able to sign themselves out, please have parent/guardian and Child sign below. If not, please write in N/A.

Parent/Guardian:

(Print) _____ (Signature) _____

Participant:

(Print) _____ (Signature) _____

EMERGENCY CONTACTS

Must have at least **two**.

- 1) _____ (relation) _____ # _____
2) _____ (relation) _____ # _____
3) _____ (relation) _____ # _____

Swimming Proficiency,

On a Scale of 1-10,

1 being they do not know how to swim and 10 being they are extremely comfortable and confident in the water.

How well would you say your child's ability to swim is? _____

There will be a swim test on the first day of camp to assess each camper and make notes on who might need extra care and supervision.

Are there any individual considerations or needs that we should know about your child prior to them attending our Youth Program? NO YES

(if yes please specify) _____

Health History and Permission Form

This form must be signed by parents/guardians of all youth summer camp participants and sent back before the first day of the camp session.

Information is confidential and is only shared with those caring for the participant, such as a first aider.

- If more than one child will be attending, please make a copy of the Health History and permission Form section and complete for each child attending.

Participant's name: _____

Please note any health conditions or concerns to consider during activities or when providing care:

- Asthma Bleeding/clotting disorders Diabetes Hearing impairment
 Heart defect/disease Seizures
 Other(specify)_____ Other(specify)_____

Adaptive Devices:

- Glasses/contact lenses Hearing aids Other(specify)_____

Allergies:

Please specify exposure risk (ingestion/inhalation/touch), Reaction, and treatment, as appropriate:

- Animals_____ Food_____
- Hay-fever/plants/pollen_____ Insect stings_____
- Medicines/drugs_____ Other_____

I acknowledge that Crown Cove Aquatic Center's Youth Camp Program is Nut free zone unless specifically announced otherwise.

Parent/Guardian _____ **Date** _____

Participant _____ **Date** _____

Immunization history:

Date of last Tetanus/DPT immunization: _____

I affirm that my child/dependent has all immunizations required by California public schools (see www.shotsforschools.org): YES NO

Required or Restricted Medications:

My child/dependent needs or may need any of the following medications, e.g., inhaler, epinephrine injector, insulin or specific accommodations during their activity participation with her troop or individually. *(Write "none" if there are none.)*

I will provide the following medications for my child/dependent. I understand all medications must be in their original packaging and must have written instructions. Prescription medications must include physician instructions. *(Write "None" if there are none.)*

Physicians, nurses, health professionals or first aiders may not administer the following medications or treatments: *(write "none" if there are no restrictions.)*

In case of sickness or accident, I/we give permission for medical attention and the administration of medication and treatment as prescribed by the child's physician or as determined by an available physician, nurse, health professional or first aider.

I know of no reason, other than the information indicated on this form, why my child/dependent should not participate in prescribed activities except as noted. If I cannot be reached in the event of any emergency, the camp staff's leadership may act on my behalf by providing for emergency medical treatment and/or transportation.

Optional permission to give over the counter medications or protective products: I give permission to any first aider(s) to administer the following non-prescription medications to my child, according to package directions.

Acetaminophen (such as Tylenol) YES NO Initials_____

Ibuprofen (such as Advil) YES NO Initials_____

Neomycin (such as Neosporin) YES NO Initials_____

Diphenhydramine (such as Benadryl) YES NO Initials_____

Sunscreen YES NO Initials_____

Other _____ YES NO Initials_____

Other _____ YES NO Initials_____

Parent/guardian _____ **Date** _____

Parent/guardian _____ **Date** _____