



2019 DIScover Summer Camp
Camper Form Packet

DIScover Summer Camp Personal History Form

Please submit this form before the start of your camper's first week of camp along with the other necessary forms. All information provided is kept strictly confidential. The main purpose is to aid the staff and (if necessary) emergency personnel to better help your child.

Name: _____ Nickname: _____

Date of Birth: _____ Does DOB occur during camp week? Y N

In the fall, the camper will enter grade _____ at _____

Names of brothers/sisters _____

Name of parent/legal guardian 1 _____

Name of parent/legal guardian 2 _____

Parents' Marital Status _____

List any physical or behavioral conditions that your camper's counselors should be aware of, with activity restrictions and management plan: (This information is very important to counselors; attach separate sheet if necessary.)

List any camper dietary restrictions: _____

Please complete the next section with your camper (if possible)

Has your child attended a day camp before? If so, please list most current:

List camper's interests and hobbies and school activities:

List three goals for your camper while at camp:

1) _____

2) _____

3) _____

Are there any activities that you do not want your camper to participate? If so,
please list: _____

DIScover Summer Camp Permission Slips

Permission Slip for SUNSCREEN

I do ____ do not ____ give permission for my child (or if appropriate, my child's counselor) to apply sunscreen. The sunscreen is inside a zipped bag in their backpack with their name on the bottle and/or bag.

Permission Slip for HEAD LICE CHECK

I do ____ do not ____ give permission for my child's head to be checked for head lice.

Permission Slip for Snack

I do ____ do not ____ give permission for DIScover Summer Camp to provide my child with a nut-free snack if they do not have one.

Signature of parent/legal guardian

Date

EMERGENCY CARE FORM

NAME OF CHILD _____ DOB _____

ADDRESS _____

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HOME PHONE _____

PARENT 1 NAME _____

DAY PHONE _____ CELL PHONE _____

PARENT 2 NAME _____

DAY PHONE _____ CELL PHONE _____

EMERGENCY CONTACT(1) _____

PHONE _____

EMERGENCY CONTACT(2) _____

PHONE _____

HEALTH INSURANCE COMPANY _____

POLICY NUMBER _____

PHYSICIAN & PHONE _____

ALLERGIES _____

I understand that this release will only be used if I/we cannot be reached by the camp. I give permission to have my child _____, taken to the nearest physician or hospital in case of emergency and to have anesthesia administered if necessary and/or to have a qualified person administer first aid, if necessary.

Signature of parent/legal guardian

Date

Parent Authorization Pickup Form

I, _____ give permission to

(Parent/Guardian)

_____ to pick up my child,

(Person picking up)

_____ from DIScover Youth Programs.

(Child's name)

Persons not included in this form do not have permission to pick up my child.

Please see the Camp Director with any questions.

Parent Signature

Date