

**2020**  
**DIScover Summer Camp**  
**Camper Form Packet**

# DIScover Summer Camp Personal History Form

Please submit this form before **June 1st, 2020** 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 \_\_\_\_\_

Names of brothers/sisters \_\_\_\_\_

Name of parent/legal guardian 1 \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name of parent/legal guardian 2 \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Parents' Marital Status \_\_\_\_\_

Please 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.)

\_\_\_\_\_  
\_\_\_\_\_

Please list any camper allergies or dietary restrictions: \_\_\_\_\_

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 here: \_\_\_\_\_

# DIScover Summer Camp Permission Slips

Please check the blanks for all the below statements, then sign and date.

## 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.

## Permission Slip for Photos/Videos

I do \_\_\_\_\_ do not \_\_\_\_\_ give permission for DIScover Summer Camp and Danvers Indoor Sports to use any photos or videos of my child while he/she is at camp to use for promotion and marketing purposes.

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Parent Signature

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Date

# EMERGENCY CARE FORM

**\*\* EMERGENCY CONTACT CANNOT BE PARENT 1 or 2 \*\***

NAME OF CHILD \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

PARENT 1 NAME \_\_\_\_\_

DAY PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

PARENT 2 NAME \_\_\_\_\_

DAY PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**EMERGENCY CONTACT(1) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_**

**PHONE \_\_\_\_\_**

**EMERGENCY CONTACT(2) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_**

**PHONE \_\_\_\_\_**

HEALTH INSURANCE COMPANY \_\_\_\_\_ POLICY #: \_\_\_\_\_

PHYSICIAN & PHONE NUMBER \_\_\_\_\_

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 name)

\_\_\_\_\_, \_\_\_\_\_ , \_\_\_\_\_

or \_\_\_\_\_ to pick up my child, \_\_\_\_\_

(Child's name)

from DIScover Summer Camp.

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

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date









