

NEW LENOX COMMUNITY PARK DISTRICT

Camp Sunshine 2019 Participant Information Form



Child's Last Name: _____ First Name: _____

Birth Date: _____ Address: _____ City: _____

Email Address: _____ Cell Phone Number: _____

Mothers Name: _____ Work Phone Number: _____

Fathers Name: _____ Work Phone Number: _____

Name/Phone Number of a **LOCAL** (in town) neighbor/relative to call in an emergency when a parent cannot be reached:

I understand that in the event of an emergency, every effort will be made by the **New Lenox Community Park District** to reach a parent first, however, if the Camp Leader determines that 911 must be called, it is the policy of the New Lenox Fire Department to transport to Silver Cross Hospital. List any allergies/health problems your child may have; or home/custody situations (i.e. stepparent, single parent, etc.) that the Camp Leader should be aware of.

FOR MEDICAL PURPOSES:

Doctors Name: _____

Address/Phone Number: _____

IN CASE OF INJURY:

Medical Group Name: _____

Group and Identification Number: _____

Parent Signature: _____ Date: _____