

Summer CAMPS

Attach Child's
Photo Here.
REQUIRED

Child Information and Health History Record

Please Print - Fill out all sections completely

Name _____

School (Fall) _____ Grade (Fall) _____

Home Address _____ City _____ Zip Code _____

Home Phone _____ Date of Birth _____ Age as of 9/1/17 _____

Mother's Information

Name: _____

Address (if different from above)

Home Phone (if different from above)

Work Phone # _____

Cell Phone # _____

Father's Information

Name: _____

Address (if different from above)

Home Phone (if different from above)

Work Phone # _____

Cell Phone # _____

Emergency contact person if parents are unreachable

Name _____ Phone Number _____

Relationship to child _____

Transportation Information

How is your child transported to and from camp: (Circle)

In the morning/to camp: Van Dropped off Walking Extended Care

In the afternoon/from camp: Van Picked Up Walking Extended Care



Deer Grove Leisure Center
1000 W. Wood St. | 630-766-7015
bensenvilleparkdistrict.org

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Illness and Injuries (check any chronic or recurring illness and explain below)

_____ Asthma _____ Hypertension _____ Heart Defect/Disease
_____ Diabetes _____ Ear Infection(s) _____ Musculoskeletal Disorders
_____ Seizures _____ Bleeding/Clotting _____ Other
Date of last Health Exam _____ Date of last Tetanus Shot _____
Physician's Name _____ Physician's Phone Number _____

Please explain any other chronic or recurring illness not listed above.

Allergies: (check any that apply and specify nature of allergic reaction on reverse side)

_____ Animal _____ Insect Stings _____ Pollen
_____ Food _____ Medications/Drugs _____ Other

Please list the specific nature of the allergic reaction(s).

Other Health Conditions (check all that apply and describe on reverse side)

_____ Hearing Impairment _____ Motion Sickness _____ Nosebleeds
_____ Emotional Disturbances _____ Fainting _____ Wears Glasses/Contacts
_____ Special Diet Regimen _____ Visual Impairment _____ Speech Impediment
_____ Takes Medication (list medication and reason on reverse side)
_____ Other _____



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A: List any other health conditions you feel the staff should be aware of:

B: List any medication(s) the participant may take:

Activities your child should be restricted from:

Swimming Capabilities (Please circle response. There is also a space for explanations if needed.)

Child can swim yes/no _____

Child can go down water slide yes/no _____

Child can go in baby pool only yes/no _____

Child can go in shoulder deep only yes/no _____

Child can go in the deep-water yes/no _____

Child can use all areas at the pool, including deep end, diving boards, and water slide
Yes/no _____



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