

Fun In the Shade

Federated Church of Wauconda
Summer Camp Program
June 3-7 and June 10-14
All kids Ages 6-12 welcome!

Family Information

Parents/Guardian Name (Last) _____ (First) _____

Address _____

Primary Phone: _____ Email: _____

Children's Information

Name	DOB	Starting what Grade in the Fall?	*Allergies/Special Needs/Other	**Friend Request

Emergency Contact (if the parent/guardian cannot be reached)

Name _____ Phone _____

Pick-Up (who is authorized to pick-up your child at the end of each day?)

Name _____ Phone _____

Parent/Guardian Signature: _____ Date: _____

** Please fill out an Allergies or a Special Needs Considerations Form found below.*

**



PHOTO RELEASE
Federated Church of Wauconda
200 Barrington Road, Wauconda, IL
847. 526.8471

I hereby grant permission for you to photograph, videotape and or to record my voice and sounds and to use any or all such photographs, videos and recordings for published products for The Federated church of Wauconda's promotion purposes.

I hereby waive any right that I may have to inspect or approve the finished product and the advertising or other copy that may be used in connection with the summer program and church promotion.

I agree to hold The federated Church, its council members, employees, agents and assigns harmless against any and all claims, liability, loss or damage, including attorney's fees, caused or in any way arising out of The Federated Church of Wauconda's publication of my Audio-Visual Products or other relevant information.

I understand that this release will be valid and effective until revoked by me in writing and submitted to The Federated Church of Wauconda office.

[Name(s) of participant] [Address]

[Phone number]

[Date]

[Guardian's consent & signature]

Emergency Medical Consent

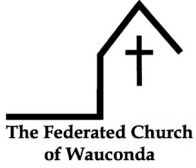
My child/children _____ have permission to participate in summer program sponsored by The Federated Church of Wauconda.

I understand that in the event of a medical emergency, if treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission to the supervisors to secure the services of a licensed physician to provide the necessary care, including anesthesia, to hospitalize, and to order injections or surgery for the above. My signature below means that permission is given.

[Date]

[Guardian's consent & signature]

How did you hear about our program?



The Federated Church of Wauconda Summer Program 2019

****Allergies or Special Needs Considerations form**

Child's Name: _____

Allergy: _____

Reaction to:

Ingestion _____

Touch _____

Inhalation _____

1. Will you be sending an Epi-pen to Summer Program? Yes No

If yes, please explain: _____

Is there a history of an anaphylactic reaction? Yes No

If yes, please explain: _____

2. Will you be sending your child with an Inhaler? Yes No

If yes, please explain: _____

3. Emergency Medical Instructions: _____

4. Will your child need to eat in a peanut free area? Yes No

5. We will be serving a daily lunch and snack at the summer program. If your child has a food allergy we request that you send a **labeled** snack with your child.

Yes, I will be sending a labeled snack. No, my child will participate in the daily snack or lunch.

If sending medication - Please fill out the below permission to dispense medication waiver.
[Medication will only be dispensed in case of an emergency and 911 will be called.]

Child's Name: _____

Medication to be taken: _____

Medication Instructions: _____

Does this medication need to be refrigerated? Yes No

I give permission for a staff member or an adult volunteer of The Federated Church of Wauconda to dispense this medication to the child named above.

Signature

Date

Phone Number