

# Longmont Recreation Services Summer Day Camp 2012

The below information will be with the camp director at all times when off site (beyond the confines of Roosevelt Park and the St Vrain Memorial Building). **Please fill out completely as it may very well be the first document we turn to in case of an emergency.**

## Child Emergency Information

**Place a current,  
color photo here  
(required)**

**A late fee of \$15  
will be assessed for  
late/ incomplete  
forms on May 1**

Child's Name \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

List any  
Medical Conditions:

Allergies

Medications:

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## Parent/Guardian Information

Parent/Guardian #1 Name: \_\_\_\_\_ Parent/Guardian #2 Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Alt phone number: \_\_\_\_\_ Alt phone number: \_\_\_\_\_

## Emergency Contacts (parents/guardians will be attempted to be contacted first)

#1 Name: \_\_\_\_\_ #2 Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone number: \_\_\_\_\_ Phone number: \_\_\_\_\_

Alt phone number: \_\_\_\_\_ Alt phone number: \_\_\_\_\_

## Preferred Hospital:

## Medical Release for Treatment and Emergency Release

Medical Insurance Carrier \_\_\_\_\_

In the event of an emergency if I, as parent or legal guardian, cannot be reached, or if my emergency contact designees listed above cannot be reached, I give permission for the Day Camp staff to administer or obtain emergency care for my child. I expect that a conscientious effort will be made to locate me or my designate before any action is taken. I understand that there are certain risks involved with participation in any recreational activity. I expressly understand, agree that neither the City of Longmont, Colorado, a municipal corporation, nor any of its officers, agents, volunteers, assistants, or employees, shall be held responsible or made subject to any claims, including any claim for negligence, seeking to assess damage or liability for arising from personal injury or property damage to myself or other person in whose behalf this form is now signed as a result of actual or proposed participation in the above named programs. I, on behalf of myself and my child, hereby agree to HOLD THE CITY OF LONGMONT, ITS OFFICERS, AGENTS, VOLUNTEERS, ASSISTANTS, AND EMPLOYEES, HARMLESS ON ACCOUNT OF ANY SUCH CLAIM.

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Parent Sign In & Out Agreement

**Sign In And Out** – Child pick-up and drop-off times are:

Day	Drop-Off Times	Pick-Up Times
Monday & Wednesday	7-9am & 12-1pm	4-6pm
Tuesday & Friday (swim days)	7-9am & 11am-12pm	1-4pm @ Sunset or Roosevelt Pool 5-6pm @ St Vrain Memorial Building
Thursday Field Trip	7-9am & <b>pre-arranged*</b> offsite 12-1pm	4-6pm (Most trips return to camp at 4pm)
Special Needs Campers (M-F)	9am	4pm (Most Thursday Field Trips will return to camp by 4pm)

\* Thursday field trips are local in nature and upon confirming with the Director, campers can meet the camp in progress.

It is required by the Social Services that parent/guardian sign their child/children in and out each day (I.D. may be requested). It is not acceptable for children to sign themselves in or out unless the parent/guardian signs the Sign In /Sign Out "Disclaimer." **Please help us comply with these regulations.** Note: All Visitors must check in at front desk.

Often we utilize parks and other facilities for the program and are not in the facility the entire time. Each day's location(s) will be noted in your weekly newsletter and/or on the daily bulletin board. If your child needs to be picked up before the scheduled pick-up time, please notify the Director ahead of time so proper arrangements can be made.

### WHO MAY PICK UP CHILDREN

Your child may be picked up **only** by persons designated by parent/guardian listed on the Child Information Form. If anyone other than those listed are to pick up the child, we must have a written notice from the parent/guardian **before** the child can be released. A photo I.D. must be shown by the person authorized by parent to pick up the child.

**\*\*For the safety of our campers and staff, if there is anyone listed as a person who MAY NOT pick up your child(ren), you must provide legal documentation as to why they are not allowed to pick up the child(ren). Please understand we cannot enforce requests based solely on personal reasoning.**

I, \_\_\_\_\_, understand that I must provide legal documentation as to why a specific person may not pick up my child(ren) from the City of Longmont Summer Day Camp 2012.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Child Information Form** - To be completed for all campers. **Information given below will be kept in confidence for staff use only.**

Camper's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Grade completed: \_\_\_\_\_ Teacher \_\_\_\_\_ School Attended: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_ Best Contacted at: \_\_\_\_\_

Who does the child live with?  Mother & Father  Mother only  Father Only  Legal Guardian  Other: \_\_\_\_\_

1. Are there any special child custody arrangements we need to be aware of?  No  Yes If yes, please specify:

2. Communication abilities: How does your child make her/his needs known?: \_\_\_\_\_

3. Does your child: Use scissors, crayons, paint, paste, and small objects:  
 Wear: Glasses  Yes  No  well  adequately  not at all  
 Hearing aid  Yes  No Need assistance with toileting  Yes  No  
 Feed self  Yes  No Use a wheelchair  Yes  No  
 Dress self  Yes  No Need assistance walking  Yes  No

Have a special needs diagnosis?  No  Yes: \_\_\_\_\_

Have problems at school?  No  Yes: Are problems at school centered around:  academics  social interactions

**Require one-one assistance with daily activities?**  No  Yes: Explain:

4. Briefly comment on your child's: (please use back or additional sheet of paper if needed)

Swimming ability	Athletic ability	Coordination
Play skills	Peer interactions	Disruptive Behaviors (acting out, abusive, etc)
General likes	General dislikes	Does your child use Time Outs at home and/or school? <input type="checkbox"/> No <input type="checkbox"/> Yes: how long? _____ Will stay in time out by self? <input type="checkbox"/> No <input type="checkbox"/> Yes If no, what is helpful? (music, toys, etc)

5. How does your child react when:  
 Challenged? \_\_\_\_\_ Frustrated? \_\_\_\_\_

Afraid? \_\_\_\_\_ Bored? \_\_\_\_\_

How are the above behaviors handled at home?

6. Are there any special methods of behavior support you have found to be most effective?

# Longmont Recreation Services Summer Day Camp Health History

Children who enroll in child care programs must submit a signed and dated statement of the child's current health status which indicates the child's abilities and/or limitation to participate in a regularly scheduled program of play in a group of young children. This report is to be **filled out by an adult/parent familiar with the child's health history.** Note: **Both** Colorado Dept. of Health Immunization Card and this Health History are required by Social Services and must be completed PRIOR to attending camp.

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Physician Name, Address, & Phone \_\_\_\_\_

Hospital of Choice \_\_\_\_\_

Dentist Name, Address, & Phone \_\_\_\_\_

Past illnesses—Check those child has had and give approximate dates:

Chicken Pox _____	Rubeola _____	Rubella _____	Rheumatic Fever _____
Asthma _____	Hay Fever _____	Diabetes _____	Mumps _____
Epilepsy _____	Whooping Cough _____	Poliomyelitis _____	Other : _____

If tuberculin tests given: Date \_\_\_\_\_ Result \_\_\_\_\_ If chest x-ray taken: Date \_\_\_\_\_ Result \_\_\_\_\_

Surgery/Accidents/Illnesses/Chronic or Handicapping Problems:

Describe any physical condition requiring special attention by center staff:

Medication(s) prescribed: \_\_\_\_\_

Allergies that staff should be aware of: \_\_\_\_\_

Prescribed routine for allergies: \_\_\_\_\_

Date of most recent examination of child: \_\_\_\_\_

Signature of individual completing form: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

## Parent's Plan for Obtaining Immunization(s)

I, parent or legal guardian of the camper named above, understand the immunization requirements for attendance at the City of Longmont Day Camp. (State of Colorado- Social Services License #81468)

- I will return the record of the completed immunization(s) to the Memorial Building, 700 Longs Peak Avenue, with this completed enrollment packet or by May 1, whichever is later.
- I do NOT plan to have my child immunized. I understand the risks involved with this decision. A signed written notice of my understanding and decision are provided to the day camp program and will be kept in my child's camp file.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

# Longmont Recreation Services Medical Release Form for Medicine

## Parent's Request for Giving Medicine and Release Agreement and Physician's Signed Order

- I do not wish to have my child given medication while at camp. \_\_\_\_\_ initials (go on to next form)
- I, the undersigned parent or guardian of \_\_\_\_\_, hereby request personnel employed by the City of Longmont Recreation Services to administer \_\_\_\_\_ (name of medicine) at \_\_\_\_\_ to my child as described by the prescribing physician. (time)

**If there is a change in medication, times given, dosage, etc, the Director must be notified in writing.**

The City of Longmont Recreation Services and the Boulder County Health Department require, as a condition before administering any medication that; the medication be prescribed by a physician or dentist, the medication be provided by the parent or guardian, the medication be correctly labeled with the child's name, the name of the medication, the times for the medication to be given, the correct dosage, possible side effects and instruction for treatment, and the date the medication is to be stopped. The medication is administered solely at the request of and as accommodation to the undersigned parent, guardian and child. The parents or guardians agree, in consideration for the administration of the medication, to release and hold harmless the City of Longmont, its employees and volunteers or the failure to administer or correctly administer the medication. Nothing in this agreement shall be deemed as a waiver of sovereign immunity or liability limits granted to the City under the Colorado Governmental Immunity Act, nor to confer upon any person not a party hereto, any rights or benefits hereunder.

DATED this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Name of Physician or Dentist  
Prescribing Medication

Signature of Parent/ Guardian

↘Required↙

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### PHYSICIAN'S SIGNED ORDER FOR MEDICINE GIVEN AT CAMP

Child's Name \_\_\_\_\_ Medication \_\_\_\_\_

Route of administration \_\_\_\_\_ Dosage \_\_\_\_\_

To be given at \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(time) (date) (date)

Purpose of medicine \_\_\_\_\_

Possible side effects \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

## Camp Permissions and Agreements

Please note that more detailed information regarding the following camp permissions and agreements is contained within the Parents' Manual.

I agree that I have read and understood the 2012 Parent Manual for the City of Longmont Summer Day Camp Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, give my permission for my child, \_\_\_\_\_, :

### Initial

\_\_\_\_\_ **Movies:** To watch G and PG rated (No PG-13) movies provided by Longmont Summer Day camp on occasion; generally during HOT, HOT days and also on rainy days. Information regarding movie title and its rating are available from the directors.

\_\_\_\_\_ **Leave Roosevelt Park:** On Tuesdays and Fridays, campers will walk from the Memorial Building to Sunset Pool. On Thursdays, campers may walk or be shuttled in Longmont vans/short buses to and from local parks or other local areas of interest (Longmont Recreation Center, Centennial Pool, etc). Occasionally, campers walk to Thompson Park (4<sup>th</sup> and Bross), the Longmont Public Library, Longmont Theatre Company, Crackpots, and other nearby venues at the director's discretion.

\_\_\_\_\_ **Swim:** To swim at all swimming facilities that the Longmont Summer Camp Visits. I also agree to send my child with a bathing suit, towel, and sunscreen (applied) on those swimming days.

Please designate your preference for your child to swim at either **Sunset Pool**, 1900 Longs Peak Ave, suitable for all ages or **Roosevelt Activity Pool**, 903 8<sup>th</sup> Ave, a facility suitable for children 8 and younger who are not comfortable in deeper water.

**Sunset Pool**, 1900 Longs Peak Ave:  **Roosevelt Activity Pool**, 903 8<sup>th</sup> Ave  
My child may swim in  areas as indicated by my child's swimming ability or  shallow water areas only

\_\_\_\_\_ **Sunscreen:** To have sunscreen that I provide applied to my child by either themselves or with the assistance of a peer buddy system. A Day Camp staff member will assist applying sunscreen as necessary to my child in a public setting. **It is the Parent's/Guardian's responsibility to sunscreen their child prior to coming to camp each day and to send sunscreen with the child daily.** Day Camp will provide back-up sunscreen to campers, however it is not intended for daily use (please bring your own!). Based on recommendations across the Front Range, **sunscreen lotion is preferred** over spray for more consistent sun protection in day camp settings.

**Photograph Release:** To be photographed for the purpose of promoting programs and activities sponsored by the City of Longmont. The vast majority of photographs taken are shared with campers in the weekly newsletters and in the end of summer Day Camp slide show. Without permission, photographs of your child will not be taken or retained.

**I decline** to provide permission for the City of Longmont to use my child's photograph.

\_\_\_\_\_ As the parent or legal guardian of the camper named above, I **permit the City of Longmont to take and use photographs** of me and/or my child/children/ward(s), and copyright them, for the purpose of promoting City of Longmont programs and activities. This includes permission to publish photographs of me and/or my child/children/ward(s) for such purpose and to the use of any printed matter in conjunction with the photographs. I understand that such photographs of me and/or my child/children/ward(s) remain the property of the City of Longmont.

\_\_\_\_\_ My child does not have special needs.

**Permission to share for campers with Special Needs:** I give my permission for the St. Vrain School District Special Education staff to share pertinent information about my child in order for him/her to have the best and safest camp experience possible.

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date

## Summer Day Camp Contract 2012

This contract states expectations of the camper while attending day camp. Please read through this contract with your child. All campers are held responsible for the choices they make at camp. Please check each line (one for parent, one for camper) and sign at the bottom.

- \_\_\_\_\_ \_\_\_\_\_ I will treat all campers and staff with respect so they will know how to treat me.
- \_\_\_\_\_ \_\_\_\_\_ If I cause a problem I will solve it. If I can't solve the problem, or choose not to, a day camp leader will step in to assist with the situation.
- \_\_\_\_\_ \_\_\_\_\_ I will behave in ways that secure the safety of others and myself. (This includes, but is not limited to: NO abusive language, "play" wrestling, kicking, hitting, theft, bullying, etc.)
- \_\_\_\_\_ \_\_\_\_\_ I will follow instructions given by the day camp leaders and directors.
- \_\_\_\_\_ \_\_\_\_\_ If I feel something is unfair, I will calmly talk to a leader or director about it.
- \_\_\_\_\_ \_\_\_\_\_ I understand that what a leader/director decides to do concerning discipline will depend on that special person and that special situation.
- \_\_\_\_\_ \_\_\_\_\_ I understand that I am not to bring any personal belongings to camp (i.e., toys, MP-3 players, collector cards, iPods, game systems, etc.). I understand that if I bring personal belongings to day camp a leader has the right to take the item(s). (Items will be given back at the end of the day. If any more items are brought, they will be taken and returned at the end of camp.)
- \_\_\_\_\_ \_\_\_\_\_ I will respect all day camp equipment and facilities.
- \_\_\_\_\_ \_\_\_\_\_ I understand that I will have one opportunity to call home if I forget to bring a necessary article to camp (i.e., lunch, swimming suit, etc.). If I forget again, I will not be able to participate in the activities for the day. If I forget my lunch, I will eat the lunch provided to me by the day camp.
- \_\_\_\_\_ \_\_\_\_\_ I will be an active participant during activities.
- \_\_\_\_\_ \_\_\_\_\_ I will do my personal best to have a great summer at day camp!

By signing this contract, you state that you read and agree to the terms of the contract. Not following this agreement may lead to removal from Summer Day Camp.

\_\_\_\_\_  
Camper's Signature

\_\_\_\_\_  
Parent's Signature