

2009 Camp Kata Kani Parent Checklist

The following is a list of contents of your Day Camp 2009 Parent Pack. Please use this list to make sure all necessary forms have been reviewed, signed and returned to the Camp Fire USA Illinois Prairie Council office. Thank you! **Your child will not be admitted to day camp without these completed forms.**

- _____ I have read the "What to Bring to Camp Kata Kani" flyer, and will keep it handy for further reference.
- _____ **Health Form** - I have read, filled-in, and signed the Health Form for each of my campers, and will return the original(s) back to the office before the start of camp.
- _____ **My child USES an Epi-Pen:** I have read, filled-in, and signed the Epi-Pen Administration form, and will return the original back to the office before the start of camp.
- _____ **Release/Waiver for Photographs and Pick-up Authorization Information:** I have read, completed, and signed this form, and will return the original back to the office before the start of camp.
- _____ **Release/Waiver for Sunscreen and Insect Repellent:** I have read, completed, and signed this form, and will return the original back to the office before the start of camp.
- _____ **Release/Waiver for First-Aid:** I have read, completed, and signed this form, and will return the original back to the office before the start of camp.
- _____ **Parent/Guardian Acknowledgement Form:** This form must be read, signed and returned to the Camp Fire USA Illinois Prairie Council before the start of camp.

Please return all signed forms to the following address:

Camp Fire USA Illinois Prairie Council
45 West Roosevelt Road
Lombard, IL 60148
Attn: Office Manager

What to bring to Camp Kata Kani:

- *Bring a morning snack, a lunch, and a filled water bottle!*
- *Bring a bathing suit & towel and an extra set of clothes in a backpack or bag.*
- *Wear gym shoes and socks! No sandals or flip-flops.*
- *Apply and bring bug spray and sunscreen.*
- *Wear Camp T-Shirt on Field Trip Day (usually Thursday)*
- *CHECK backpacks daily for any important papers that may be sent home.*

Please make sure your
camper's name is on everything!



Important Contact Information:

For billing inquiries, registration, questions and concerns:
Illinois Prairie Council Office phone 630/629-5160
Email info@campfireusa-illinois.org

For Camp Director, emergencies, absences:
Camp Kata Kani 630/759-9723

Health Form

Program Name: Camp Kata Kani Summer Day Camp 2009

Name: _____ Last _____ First _____ Middle _____

Address: _____
Number and Street _____ City, State and Zip _____

Date of birth: _____ Gender: _____ Age: _____ Phone: () _____

Parent/Guardian Name(s): _____

Parent/Guardian Home Phone: () _____

Parent/Guardian Work Phone: () _____

Parent/Guardian Cell Phone: () _____

Alternate Emergency Contacts: _____

Name: _____ Relationship _____ Phone () _____

Name: _____ Relationship _____ Phone () _____

Name of family doctor _____

Doctor phone() _____ Date last seen by family doctor: _____

Name of family medical insurance: _____

Employer through which insurance is received: _____

Identification number of medical insurance: _____

If participant has been under the care of a physician within the past 12 months or if there is any question about activity restriction, attach a statement form a physician indicating restrictions and noting any pertinent recommendation.

1. Any operations, serious injuries, chronic illnesses or major life events: Yes _____ No _____
If yes, please specify: _____

2. Check communicable diseases to date: _____

Measles _____ Chicken Pox _____ Mumps _____ German Measles (Rubella) _____

Other _____

Note any communicable diseases camper has been exposed to in the last two weeks.

3. Give year of last immunization or booster for: _____

Tetanus Toxoid _____ German Measles (Rubella) _____

Diphtheria _____ Measles _____ Mumps _____ Chicken Pox _____

Polio _____ Other _____

4. Name any known allergies: _____

Food _____ Drugs _____ Plants _____

Animals _____ Insects _____ Other _____

Explain reaction and indicate medication used _____

Medication for above should be brought with you and Camp Director notified.

Camp Fire USA Illinois Prairie Council

5. Check if prone to any of the following conditions:

Fainting _____ Convulsions _____ Stomach Upsets _____ Frequent Headaches _____

Asthma or Respiratory Problems _____ High Blood Pressure _____ Heart Problems _____

Restlessness or Sleepwalking _____ Fears _____ Other _____

Any disability requiring accommodation in the form of special attention, auxiliary aids or services, removal of physical or communications barriers, etc. (please specify) _____

6. The following are the auxiliary aids, services and/or special attention that I/my child require(s) to engage in the Camp Fire activity or event, as well as the physical and/or communications barriers that may need to be removed for me/my child to participate in the event: _____

7. List medication(s) and use, including insulin: (Should be original container with prescription and/or store label.) _____

Medication: _____ used for _____ when taken _____

Medication: _____ used for _____ when taken _____

Do you need any assistance administering medication? _____ Is refrigeration needed? _____ Please explain _____

8. Any prior activity restriction? _____ If yes, specify _____

Any present activity restriction desired by participant, his or her parent, guardian or physician? _____ If yes, specify _____

I have completed the above information with my parents and will assume the responsibility for restricting any activities agreed upon and listed above. I will exercise good judgement in regard to my own health, safety and well-being at the Camp Fire event described above.

Signature _____ Date _____

(Camper Signature)

I verify that the above medical information on my child, _____, is complete and accurate. I understand that my child must have had a physical examination within the past three years to participate in the day camp program. The month and year of the physical was _____. I also understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified as soon as possible in case of any emergency affecting such participant. In the event I cannot be reached in an emergency, I hereby authorize the calling of a physician at my expense to provide whatever emergency medical or surgical treatment is necessary.

Signature _____ Date _____
(Parent or Legal Guardian)

Camp Fire USA Illinois Prairie Council will utilize the information provided on this form only for the protection of the participant and other participants.

RELEASE/WAIVER FOR PHOTOGRAPHS

I, _____ give my permission to photograph or videotape my child(ren) _____

_____ and use the photos and his/her name(s) for Camp Fire publicity, including local newspaper articles or national newsletter/videos/website publicity.

Parent/ Guardian Signature

Date

Camp Kata Kani Summer Day Camp 2009
Weekly Programs: June 15-August 14, 2009

Camp Kata Kani Day Camp 2009 PICK-UP AUTHORIZATION INFORMATION

CHILD(REN)'S FULL NAME(S): _____

AUTHORIZED ADULTS TO PICK UP CHILD(REN) FROM CAMP:

NAME: _____ RELATION: _____

NAME: _____ RELATION: _____

NAME: _____ RELATION: _____

NAME: _____ RELATION: _____

NAME: _____ RELATION: _____

NAME: _____ RELATION: _____

YOUR CHILD(REN) WILL NOT BE RELEASED TO ANY PERSON NOT LISTED ON THIS FORM. CAMP FIRE USA ILLINOIS PRAIRIE COUNCIL RESERVES THE RIGHT TO ASK THE PERSON PICKING UP YOUR CHILD TO SHOW IDENTIFICATION. CHILDREN WILL NOT BE ALLOWED TO LEAVE CAMP ON THEIR OWN.

RELEASE/WAIVER FOR SUNSCREEN

I, _____ give my
permission to authorized Camp Kata Kani staff to apply sunscreen to my
child(ren) _____

as needed.

Parent/Guardian Signature

Date

Camp Kata Kani Summer Day Camp 2009
Date of Program: Weekly, June 15 – August 14, 2009

RELEASE/WAIVER FOR INSECT REPELLENT

I, _____ give my
permission to authorized Camp Kata Kani staff to apply insect repellent to my
child(ren) _____

as needed.

Parent/Guardian Signature

Date

Camp Kata Kani Summer Day Camp 2009
Weekly Programs: June 15 – August 14, 2009

For your camper's safety and comfort, please send an adequate
supply of sunscreen and insect repellent each day with child's
name on it.

FIRST-AID RELEASE/WAIVER

In the event that my child(ren) _____

_____ needs basic first-aid treatment, in-

cluding applying an antiseptic (i.e. Neosporin): I, _____,

give permission to certified Camp Fire USA Illinois Prairie Council Camp Kata

Kani staff to treat my child for any injuries that may occur while attending Camp

Kata Kani Day Camp.

Parent/Guardian Signature: _____

Date: _____

Camp Kata Kani Summer Day Camp 2009

Weekly programs: June 15 – August 14, 2009

CAMP FIRE USA ILLINOIS PRAIRIE COUNCIL
45 W. Roosevelt Road
Lombard, IL 60148
630-629-5160

PARENT/GUARDIAN ACKNOWLEDGEMENT

I have read and understand the 2009 Camp Fire USA Illinois Prairie Council Day Camp Policy Manual. My signature signifies that I agree to follow the policies contained in the manual. Furthermore, I understand that failure to comply with the terms and conditions of these policies may result in my child/ children being asked to leave the program.

Printed Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____

Date Signed: _____