



Borough of Lincoln Park Parks and Recreation

2018 Summer Camp

LITTLE KIDS CAMP WAIVERS and MEDICAL FORMS

TO: Parent, Guardian or Caregiver of a LP Summer Camper:
FROM: Jacqueline Cherry and Allison Cherry - Camp Directors
RE: Summer Camp Mandatory Forms to be reviewed and signed

Thank you for registering your camper with our 2018 summer program. We look forward to another great season with our littlest campers!

Attached are forms that you will need to review, complete and sign before your camper's first day of camp. Your child will not be permitted to attend camp without returning the completed forms. The LP Summer Camp is State Certified, (N.J.A.C. 8:25), and one of the State's Requirements is the submission of a Medical History Form. This is mandatory and your child's registration will not be complete without it. The Code of Conduct should be reviewed with your child so they understand the rules of camp. Some of the forms may seem redundant, but they are in place to protect your camper as well as give you information on camp policies. The forms that you sign will apply to all aspects of camp and all weeks and/or trips.

Required Forms:

- **Medical History Form**
- **Waiver and Consent / Photo Waiver**
- **Code of Conduct**
- **Permission to Treat Minor Injuries - First Aid Information**

ONE FORM PER CHILD. If we receive one form for multiple children - the first name on the list is the only one that the forms will apply to.

To ensure that we have ALL the proper forms, permissions and signatures for your child, we do **not** accept on-line registrations. All information will be added to the Community Pass System and you will receive a confirmation and receipt from Community Pass for the weeks and/or camp trips that you registered for. We strongly urge you to log-on to your account through Community Pass and check your account for important contact information, special needs, medical needs/concerns, allergies and emergency information. This information is important when we complete our camp rosters. If you see anything that is incorrect, please contact the Recreation Department.

<https://register.communitypass.net/lincolnpark>

Community Pass offers an important feature that allows you to add a phone number to **receive text messages**. Each camp will be able to text info, specific to that camp, including changes to daily schedules, cancellation of Water Day due to weather or other info. Please add your cell number and cell provider on the registration forms or complete through Community Pass.

**If you have any questions about the forms or registrations,
please call 973-694-6100 ext 2044 or e-mail us at lpsummercamp@bolp.org**

THANK YOU

Lincoln Park 2018 Summer Camp

Camper Health History Form

Required as per N.J.A.C. 8:25-5.5

Camper's Name: _____ Date of Birth: _____ Age as of 06/01/18 _____

Address: _____

Gender: ___ Male ___ Female Height _____ Weight _____ Date of Last Exam: _____

c					Parent Notes:
	Ear Infections				
	Heart Defect/Disease				
	Convulsions/Seizures	Most recent occurrence: _____			
	Hypertension				
	ADD / ADHD				
	Chronic / Recurrent Illness				
	Diabetes	glucose testing?	Yes	No	
		on insulin?	Yes	No	
		pump or injection?	Yes	No	
	Asthma	use of inhaler?	Yes	No	
		able to self-administer?	Yes	No	
	Allergies: Please check all that apply and list reactions				
	Food				
	Insect Stings				
	Poison Ivy				
	Hay Fever				
	Other (please list)				
	Prescribed Epipen	Self-Administer	Yes	No	

Additional Health Information and Other Comments on the information above:

This child is under the care of a physician for the following reason(s):

Current treatment (include current medication):

Are there any activities that your camper should be exempted from for health reasons? Please explain:

Lincoln Park 2018 Summer Camp Camper Health History Form

(continued)

Immunization History:

Physician Information: PHYSICIAN'S RECORDS ARE ACCEPTABLE, you may attach them or physician may fax directly to us at 973-628-9512 with camper's name CLEARLY on the form.

Give YEAR of last immunization or booster for:

DPT Series _____ Tetanus Booster _____ Polio _____
 Mumps _____ Measles (Rubella) _____ Tuberculin Test _____
 Hepatitis B Series _____ Varicella (Chicken Pox) _____

Name of Family Physician: _____ Phone: _____

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MEDICAL AUTHORIZATION

I have voluntarily registered my child in Summer Camp I give consent for my child, _____, to receive medical treatment according to camp protocol. I hereby give permission to the Lincoln Park Staff to have my child transported to the nearest hospital in case of an emergency.

I authorize the Lincoln Park Summer Camp Staff to give my child necessary care – which includes treatment of cuts and scrapes, bumps and bruises, and bee stings on any body parts. Treatment will consist of: cuts and scrapes – cleaning with soap and water and applying a band aid. Bumps, bruises and bee stings are treated with application of ice. Any aches, (including stomach, head, ear, throat, poison ivy and eye irritations) the child will be sent home. If your child develops any of the above conditions and the Camp Directors deem necessary, you will be required to arrange for pick-up as soon as possible.

In the event of a known severe allergy, camp staff may administer an EPIPEN, (individual prescription only), to prevent life-threatening conditions. I understand that if I do send an EPIPEN to Camp it must be in the original pharmacy containers, with an intact current prescription label with the camper's name. No exceptions will be made.

In the event of an emergency, I give my consent for the administration of emergency medical treatment and to transport the child to the closest hospital facilities, if necessary. I understand that a reasonable attempt to contact me will be made. I understand that medications may not be sent to camp or dispensed by camp staff.

I understand that Lincoln Park Recreation Summer Camp cannot administer medication or daily testing of any type. If my child takes medication or requires testing, I understand that the Camp will contact me to pick-up my child or come to camp to administer a test or give medication.

HIPPA Privacy Rule: I authorize the use of information to promote and monitor well-being while in camp, and as necessary, provide first aid/emergency care as best as possible, accordingly and not limited to certifications, training, and availability. This health history is complete and accurate. I know of no reason(s), other than the information indicated on this form, why my son/daughter should not participate in prescribed camp activities except as noted.

name of parent/guardian:

signature of parent/guardian

date

**Completed Health History Forms should be submitted with registration forms.
Registration is not confirmed until medical form is received.**

Lincoln Park 2018 Summer Camp

WAIVER and CONSENT

ONE FORM PER CHILD.

If we receive one form for multiple children
the first name on the list is the only one that the waiver will apply to.

Waiver and Consent: I acknowledge that my child is in suitable physical condition to participate in the recreation program, activity, sport, trip or event that I have registered my child for and I hereby assume any risks involved by such participation. I certify that my child is fully capable of participating in this recreational program, activity, sport, trip or event and that my child does not have any physical or mental disability that would restrict full participation. On behalf of my child, I do hereby waive, release, indemnify and hold harmless the Borough of Lincoln Park, its directors, superintendents, employees and volunteers from any liability and/or for any injury or damages that may be suffered by my child in the course of participation in the recreation program, activity, sport, trip or event and the activities incidental thereto, whether the result of any negligence or any other cause. In the event I am unable or unavailable to do so, I grant permission to have my child receive emergency professional medical care as deemed necessary by the Recreation Staff. I agree to review the rules of the LP Recreation Department with my child and I agree on behalf of my child that he/she will abide by the Rules and Regulations of the Lincoln Park Recreation Dept. and those of the venue that the Lincoln Park Recreation Department. is visiting.

Photo Waiver Acknowledgement: Lincoln Park Recreation reserves the right to photograph attendees throughout the course of their events. On behalf of my child, I hereby grant permission to the Borough of Lincoln Park, its directors, superintendents, employees and volunteers to photograph my child and use the images solely for public relations purposes and/or the social media pages of the Borough of Lincoln Park. I do hereby waive, release, indemnify and hold harmless the Borough of Lincoln Park, its directors, superintendents, employees and volunteers from any liability and/or for any injury or damages that may be suffered by my child as a result of the taking or use of the photograph and images obtained in the course of participation in the recreation program, activity, sport, trip or event and the activities incidental thereto, whether the result of any negligence or any other cause.

_____ as the parent or guardian of _____
Print Parent/Guardian Name print name of child

_____ date

Lincoln Park 2018 Summer Camp

CODE OF CONDUCT

ONE FORM PER CHILD.

If we receive one form for multiple children
the first name on the list is the only one that the waiver will apply to.

The Recreation Department advocates and supports youth programs in Lincoln Park. The Borough proudly offers a wide variety educational, social and physical fitness opportunities, including Summer Camp. Participation in programs such as Summer Camp are subject to the observance of rules and procedures. The activities outlined below are ***strictly prohibited***. Any participants, volunteers or staff members who violate this code are subject to discipline, up to and including removal from the program.

- Abusive language towards a staff member, volunteer, or other participant.
- Discourtesy or rudeness to a fellow participant, staff member, or volunteer.
- Verbal, physical, or visual harassment of another participant, staff member, or volunteer.
- Bullying or taking unfair advantage of any participant.
- Failure to cooperate with adult supervisor/leader/mentor.
- Possession or usage of alcoholic beverages or illegal drugs on the Borough of Lincoln Park property or reporting to the program while under the influence of drugs or alcohol.
- Possession of dangerous or unauthorized materials such as firearms, weapons, or other similar items on Borough property.
- Conduct endangering the life, safety, health or well-being of others.
- Failure to leave area in the condition in which you found it, including restrooms, gym, hallways, and any other area used. Defacing or destruction of any Borough property regardless of condition or value.
- Failure to follow any Department of Recreation policy and procedures.
- ZERO TOLERANCE = The policy or practice of not tolerating undesirable behavior as listed above. Discipline may include suspension AND/OR removal from Summer Camp for the entire season WITHOUT A REFUND.**

I have read and understand the Department of Recreation's Code of Conduct. I agree to review the rules with my child. I understand that failure by child to abide by the rules may lead to suspension and/or removal from Summer Camp with no refunds or credits.

Participant's Name: _____

Parent's Name: _____

Parent's Signature: _____ Date: _____

(your signature confirms that you have read and reviewed the above rules with your child)

Lincoln Park 2018 Summer Camp

PERMISSION TO TREAT MINOR INJURIES

ONE FORM PER CHILD.

If we receive one form for multiple children
the first name on the list is the only one that the waiver will apply to.

-please read carefully-

I have voluntarily registered my child in Lincoln Park's Summer Camp. I hereby give my permission to the Lincoln Park Staff to have my child transported to the nearest hospital in case of an emergency. I authorize the Lincoln Park Summer Camp Staff to give my child necessary care, which includes treatment of cuts and scrapes, bumps and bruises, and bee stings on any body parts.

Treatment will consist of: cuts and scrapes – cleaning with soap and water and applying a band aid. Bumps, bruises and bee stings are treated with application of ice.

The camper may be sent home if they are complaining of stomach-ache, head-ache, ear-ache, throat irritation, poison ivy and/or eye irritations. If your child develops any of the above conditions you will be notified and required to arrange for pick-up as soon as possible if deemed necessary by camp staff.

_____ as the parent or guardian of _____
Print Parent/Guardian Name print name of child

_____ date
Signature

I understand that Lincoln Park Recreation Summer Camp cannot administer medication or daily testing of any type. If my child takes medication or requires testing, I understand that the Camp will contact me to pick-up my child or come to camp to administer a test or give medication.

_____ please initial

I understand that my child must be 100% potty-trained by the first day of camp. I understand that the staff cannot assist my child in the restrooms or change their clothing in the event of an accident and I will be called to come to camp to either change my child or remove them from camp for the day.

_____ please initial