# Wichita Park & Recreation
# 2016 Specialty Camps Required Paperwork

## PARTICIPANT MEDICAL and AUTHORIZED PICK-UP FORM

The following information is compiled to assist in case of any medical situation with your child. All information is confidential.

| | | | |
|---|---|---|---|
| CHILD'S NAME | | | |
| ADDRESS | | | |
| DATE OF BIRTH | | GENDER | Male Female |

| | | | | |
|---|---|---|---|---|
| PARENT/GUARDIAN | | | RELATIONSHIP TO CHILD | |
| ADDRESS | | | | |
| TELEPHONE | HOME: | WORK: | MOBILE: | |

| | | | | |
|---|---|---|---|---|
| PARENT/GUARDIAN | | | RELATIONSHIP TO CHILD | |
| ADDRESS | | | | |
| TELEPHONE | HOME: | WORK: | MOBILE: | |

| | | | |
|---|---|---|---|
| DOCTOR'S NAME | | TELEPHONE | |
| INSURANCE NAME | | POLICY NUMBER | |

| **PARTICIPANT'S MEDICAL DETAILS (if the answer is YES to any of the following, please give details or attach note)** |
|---|
| Is camper being treated for any condition or illness? YES NO |
| Is the camper currently taking any drug or medication? YES NO |
| If currently taking medication, will this medication need to be administered at camp? YES NO |
| Does camper have any behavioral issues the staff should be aware of? YES NO |
| Does the camper have any allergies? YES NO |
| Does the camper sunburn easily? YES NO |
| Indicate your campers swimming ability: Poor Fair Good Excellent |

| **ADDITIONAL PERSONS AUTHORIZED TO PICK UP (other than parents/guardians listed above)** | | | | |
|---|---|---|---|---|
| CONTACT NAME | | | RELATIONSHIP TO CHILD | |
| TELEPHONE | HOME: | WORK: | MOBILE: | |
| CONTACT NAME | | | RELATIONSHIP TO CHILD | |
| TELEPHONE | HOME: | WORK: | MOBILE: | |
| CONTACT NAME | | | RELATIONSHIP TO CHILD | |
| TELEPHONE | HOME: | WORK: | MOBILE: | |

| **In the event of accident or illness, I authorize Park and Recreation Staff in charge of camp to consent (when it is impractical to communicate with me) to my child receiving such medical treatment as may be deemed necessary** | |
|---|---|
| SIGNATURE | DATE |

Completed paperwork must be submitted prior to the first day of camp and can be submitted by the following methods:
Boston Rec. Center camps: Fax 858-7611, e-mail jsidwell@wichita.gov or in person at 6655 E. Zimmerly.
Watson Park camps: Fax 858-7949, email bhill@wichita.gov or in person at 3022 S. McLean Blvd.