



TAMARAK'S CAMP LINCOLNSHIRE

23970 N. Elm Road, Lincolnshire, IL 60069 phone: (847)634-3168 fax: (847)634-8262

EMERGENCY INFORMATION / PERMISSION FORM

(This form **MUST** be on file by the first day of camp)

Child's Name _____ Birthdate ___ / ___ / ___ Birthplace _____

Name child prefers to be called/nickname _____

Home Address _____ City _____ Zip Code _____

Home Phone _____ Child's Gender m or f Email _____

Mother's Name Ms. Mrs. Dr. _____ Address/Phone(if different) _____

Mother's Work Information Company Name _____ Address _____

Hours at Work _____ Phone _____ Cell _____

Father's Name Mr. Dr. _____ Address/Phone(if different) _____

Father's Work Information Company Name _____ Address _____

Hours at Work _____ Phone _____ Cell _____

EMERGENCY MEDICAL CARE RELEASE

This authorizes Tamarak Country School, its staff, or designated officers to perform or secure emergency medical treatment for my Child when I cannot be immediately reached at the time of the emergency. I will be responsible for the emergency charges incurred. I understand that public safety officers, staff or officers of Tamarak Country School may transport my Child to the nearest emergency facility. This release also authorizes standard first aid. Parents or guardian will be immediately notified in the case of emergency medical care, treatment of illness, accident or injury requiring medical attention.

Signature of Parent/Guardian _____ Date _____

Per DCFS regulation, 2 names need to be listed in case of emergency (other than parents):

(The persons listed here can pick up my child if needed)

1. Name _____ Address _____

Phone _____ Relationship _____

2. Name _____ Address _____

Phone _____ Relationship _____

Pediatrician _____ Phone _____

Address _____

Street

City

Zip Code



RELEVANT BACKGROUND INFORMATION

- 1. Siblings' names & ages _____
- 2. Parents' marital status Married Separated Divorced Widowed
- 3. Child's allergies or health problems _____
 My Child Has an EPIPEN _____
- 4. Previous Preschool _____
- 5. Describe child's personality _____

- 6. Special concerns regarding your child _____

- 7. History/outside services your child receives _____

- 8. Child's strength and weaknesses (socially, intellectually, physically); areas of special interest; particular talents; other pertinent information regarding your child

CHILD PICKUP CONSENT

ONLY THE FOLLOWING PEOPLE ARE ALLOWED TO PICK UP YOUR CHILD, EXCEPT FOR PARENTS.

You may add or delete names at any time, but requested changes should be in writing.
Individuals picking up your child may be asked to provide identification at time of pick up.

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Signature of Parent/Guardian _____ Date _____

RELEASE FOR TRAVEL, OUTINGS AND USE OF PICTURES

I authorize Tamarak's Camp Lincolnshire and its personnel to take my Child on walking trips, excursions, and for my Child to participate in camp activities in other buildings on the camp grounds. I also authorize Tamarak's Camp Lincolnshire to use my Child's picture(s) in the brochure, on the website and/or for publicity purposes and to include my Child's name, parent's names, address, email address and phone number on camp lists.

Signature of Parent/Guardian _____ Date _____