



2018 GOLDEN COMMUNITY CENTER SUMMER DAYCAMP EMERGENCY PACKET (5-12 YEAR OLDS)

Child's Name _____ School _____

Address _____ City/Zip _____

Home Phone _____ M/F Age _____ D.O.B. ____/____/____

Lives With: Mother Father Grandparent Other _____ (Specify)

Mother's Name _____ **Home Phone** _____

Home Address _____ **Email** _____

Employer _____ **Address** _____ **City** _____ **State** _____ **Zip** _____

Work Phone _____ **Cell Phone** _____

Father's Name _____ **Home Phone** _____

Home Address _____ **Email** _____

Employer _____ **Address** _____ **City** _____ **State** _____ **Zip** _____

Work Phone _____ **Cell Phone** _____

Best person to contact during camp hours/best phone# _____

Authorized Persons to Pickup Child other than parents listed above. (Address/phone required.)

<u>Name</u>	<u>Address</u>	<u>Home#</u>	<u>Work#</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Emergency Contact: Other than Parents (Address/phone required.)

<u>Name</u>	<u>Address</u>	<u>Home#</u>	<u>Work#</u>
_____	_____	_____	_____
_____	_____	_____	_____

The doctor, dentist & hospital information must be completed. Select Lutheran or St. Anthony's for the hospital or write in hospital preference. (Address/phone required.)

Doctor: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Hospital: _____ Address: _____ Phone: _____

☐ Lutheran Medical Center, 8300 W. 38th Ave, Wheatridge, CO, 80033, 303-425-4500

☐ St. Anthony's Hospital, 11600 W. 2nd Pl., Lakewood, CO, 80228, 720-321-0000

Insurance Company: _____ Policy #: _____



MEDICAL HISTORY AND INFORMATION FORM

Child's Name: _____ Gender: _____ Birth date: _____

Please check illnesses that your child has had:

Chicken Pox _____ Measles _____ Rubella _____ Hay Fever _____

Rheumatic Fever _____ Epilepsy _____ Mumps _____ Poliomyelitis _____

Whooping Cough _____ Diabetes _____ Other _____

Surgery/Accidents/Illnesses/Chronic Health Problems:

Describe any physical condition requiring special attention by camp staff:

Date of most recent examination of this child:

List any intolerances to drugs, medication, sunscreen or food that do not require medication:

Indicate any allergies needing medication. If no medication is required, please list item/s under intolerances above.

Food (type) _____ Insect bites/stings _____

Asthma _____ Other _____

Medication forms must be completed by your child's pediatrician for any medications needed during camp hours, including inhalers, epi-pens, oral/topical medications and over-the-counter medications.
Request the forms at jadkins@cityofgolden.net.

We will print your child's immunization records if your child's shots were received or transferred to Colorado. If your child's records are out-of-state, please provide a copy.

WAIVER FOR PARTICIPANT

I, as parent or legal guardians of _____, approve and give my permission for him/her to participate in any class or program offered by the Golden Community Center Day Camp which is deemed age appropriate. By registering for youth programs through the City of Golden, registrant acknowledges that the activities in the program carry on certain risks for the participant. Registrant has independently reviewed and evaluated the risks and determined to engage in the program with full knowledge and acceptance of the risk. The parent/guardian agrees to and hereby releases and forever discharges the City of Golden, the Golden Community Center, and their officers, employees, agents and volunteers from any and all liability for damages, loss or personal injury arising out of or related to registrant's participation in youth recreational programs.

Signature of Parent / Guardian

Date



CHILD'S SOCIAL HISTORY

A description of your child's behavior and reaction to various environments is desired. This information is confidential and will be reviewed by the Day Camp Staff and our nurse practitioner as a key to working with your child as an individual members of our program.

Child's Name: _____ Birth date: _____

Interaction with males:

Interaction with females:

Fears and dislikes:

How does your child adapt to new situation:

Types of discipline used at home:

Reward system used at home:

Positive/negative school or camp experiences:

Child's favorite activity:

Please share any emotional or behavioral problems your child may exhibit (depression, anxiety, ADD, ADHD, anger/temper, aggression, autism, etc):

What steps have you taken to control this condition?

What works best at home for you and your child to address the behavior?

Does your child prefer to play alone? YES NO

Has your child been removed from school or any other programs in the past? YES NO

If yes, why?

Additional comments on child's social history:

PLEASE FEEL FREE TO DISCUSS ANY SOCIAL CONCERNS YOU MAY HAVE WITH THE DAY CAMP COORDINATOR OR CALL 303-384-8196. IF YOU HAVE AN ACTION PLAN FOR YOUR CHILD, PLEASE FEEL FREE TO PROVIDE A COPY.



TRANSPORTATION

I hereby give permission for my child to go on field trips away from the Golden Community Center whether on foot or by city vans or school buses.

We require all children 8 and under use a booster seat while riding in our City Vans. Parents must provide a booster seat when their child is confirmed for a field trip or a Splash day. All booster seats are put into the vans randomly, so your child may not sit in their own booster seat. If a booster seat is not provided for a child, he/she may not ride in the city vans and therefore not attend the field trip. No refund will be provided.

- ☐ I give permission for my child to ride in the city vans or walk to a field trip and participate in all activities with the following exceptions:
List exceptions if any: _____
- ☐ My child is not allowed to ride in the city vans and therefore not attend field trips but may walk with the camp group to local field trip outings. ie. Fire department, area parks/playgrounds, trails.

Signature of Parent / Guardian

Date

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I hereby give my permission to City of Golden staff to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child _____ should an emergency arise. It is understood that the City of Golden day camp staff will make a conscientious effort to locate the parent/guardian or the emergency contact listed on the registration document. If staff is unable to reach a contact person, the parent will accept the expense of emergency medical or surgical treatment. Please note that your child may be taken to the nearest hospital instead of the hospital preference listed in this packet. I also authorize the camp nurse practitioner to review my child's medical files provided and ensure medications match paperwork and that proper authorization are received. Our nurse practitioner may call your child's physician to clarify or obtain medication information as needed.

Signature of Parent / Guardian

Date

SUNSCREEN

Parents are responsible for the first application of sunscreen before drop-off in the morning.

During camp hours, 9-12 year olds will re-apply sunscreen to themselves under the direct supervision of a day camp staff member, and 5-8 year olds sunscreen will be re-applied by a staff member. Camp staff will apply sunscreen to the older camper's backs or supervise another camper applying it for them. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to parent/guardian. It is the parent's responsibility to provide (unless the \$15 fee is paid to use camp sunscreen) sunscreen and **apply**



sunscreen before camp. Please have your child's first and last name clearly labeled on the sunscreen bottle. Day camp will be using **Ocean Potion SPF 50+ Kids Sunblock broad spectrum with parasol 1789, UVA I & UVB protection, PABA Free, active ingredients: Homosalte, Oxybenzone, Octisalate, Avobenzone and Octocrylene. Does not sting the eyes.** We also use Rocky Mountain sunscreen. Sunscreen purchased will be available on the table outside the Red Room and is subject to change.

By signing below, I agree to provide sunscreen (or pay \$15 camp sunscreen fee online), apply it before camp and allow staff to assist in re-applying sunscreen as necessary throughout the day. All parents agree to sunscreen their child before drop off even if the parent paid to use the camp sunscreen, which must be applied upon arrival.

Signature of Parent / Guardian

Date

BIKE/WALK TO AND/OR FROM CAMP

- ☐ **My child does not have permission to bike/walk to and from camp and/or my child is not 9 years or older.**
- ☐ **My child of age 9 or older _____ has my permission to bike or walk to and from camp and be released on his/her own. He/she will be responsible for signing him/her self in and/or out of camp each day. I agree that the Golden Community Center and employees will not be responsible for the welfare of my child before signing in and once signed out to go home.**

(Parent/guardian must sign even if permission is not granted)

Date

FIELD TRIP PROCESS

By signing below I understand that the summer campers will be broken down by age into groups of 20 kids per day (Tuesdays 5-6 years & Wednesday 7-9 years & Thursday 10-12) for weekly field trips on odd weeks via lottery. **Campers selected in the May lottery will attend the odd week field trips (\$10 fee), but all campers will attend even week field trips to Splash for free on their age/day of the week.** Children are not required to go on field trips and are not forced to go if they resist, however they will be playing with the age group staying on-site. If your child will not go on a field trip paid by the parent, no fee will be refunded.

Signature of Parent / Guardian

Date

LOTTERY PROCESS

I understand that this Emergency Packet must be submitted on or before the lottery spin date in March. Once the lottery is complete, parents may go online to review their receipt.



Register at <https://rec.cityofgolden.net>. Registrations after the lottery will be accepted until the program is full. Waitlists will be maintained and parents are encouraged to sign up even if the program is full as spots may open up. I agree to cancel any waitlisted days if I no longer need them.

June fees will be charged, along with the \$35 registration fee, even if the requested day is waitlisted. June fees will be credited toward July and/or August dates if any June dates are cancelled. A \$10 cancel fee will apply per child, per separate cancellation, so turn in all cancellations at once. No refunds for cancellations after the deadline and any future unpaid fees will be expected. **The cancellation deadline is April 30th and has a \$10 charge per child per cancellation submission.** Sign below indicating you understand this information and agree to abide therein.

Signature of Parent / Guardian

Date

CANCELLATIONS

Cancellations are accepted through April 30th and must be submitted via email or in-writing. Each time a cancellation is received, a \$10 per child fee will be retained. In order to avoid excessive cancellation fees, submit your cancellations all at once. Any fees paid will be retained and applied toward future balances due. If no future balance is due, a refund will be applied toward the credit card. It is the parent's responsibility to received confirmation for the cancellation request.

By signing below, I agree to submit all cancellations before the April 30th deadline. I also understand that fees will be retained and applied toward July & August fees or a refund will be provided if no fees are due.

Signature of Parent / Guardian

Date

PARENT MANUAL POLICIES

I have read and understand the City of Golden Day Camp Parent Manual polices/procedures, including the drop off hours from **7:30-9:30 am** and pick up from **4:00-6:00 pm**. I also understand that I will be charged **\$5 late fee per 10 minutes** late for pick up. I understand that after **three** late pick-ups, my child will be removed from the program and all fees will be forfeited. I also understand that requests for late drop-off are not guaranteed, and no fees will be refunded if late drop-off isn't granted.

Signature of Parent / Guardian

Date

IF YOUR CHILD REQUIRES MEDICATION (EITHER PRESCRIPTION OR OVER-THE-COUNTER) TO BE ADMINISTERED DURING CAMP HOURS, PLEASE CONTACT TRACY AT THAGELUND@CITYOFGOLDEN.NET OR CALL 303-384-8124 TO GET THE REQUIRED FORMS.