

PITTSFORD RECREATION DEPARTMENT

PITTSFORD SUMMER CAMP

CAMPER INFORMATION FORM

Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_  
Child's Address \_\_\_\_\_ Child's Home Phone # \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Child's Cell Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
Mom's Address \_\_\_\_\_ Dad's Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Place of Employment \_\_\_\_\_ Place of Employment \_\_\_\_\_  
Work Address \_\_\_\_\_ Work Address \_\_\_\_\_  
Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Hospital Preference \_\_\_\_\_  
Doctor's Phone # \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Siblings Name and Ages \_\_\_\_\_  
Dentist's Phone # \_\_\_\_\_

Please describe any allergies medication or special dietary requirements: \_\_\_\_\_  
\_\_\_\_\_

Please list the only persons who have your permission to pick up your child from camp:  
Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_  
Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Please list three additional names and phone numbers of people we can contact if you cannot be reached in case of your child's illness or injury:  
Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_  
Phone # \_\_\_\_\_ Phone # \_\_\_\_\_ Phone # \_\_\_\_\_  
Relationship \_\_\_\_\_ Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

I understand that part of camp will include taking a School Bus to go on field trips. I give my child permission to take part in field trips or excursions; YES \_\_\_\_\_ NO \_\_\_\_\_

I give permission for the staff to seek necessary medical treatment for my child in case of an emergency, illness or injury.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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**PERMISSION TO ADMINISTER MEDICATION**

- This form needs to be completed before any medication can be administered.
- Prescription and non-prescription medication can be administered. Prescription medication must be in the original container and have a doctor's note attached.
- Topical ointments (sunscreen, bug repellent) can be administered with just a parent's signature on this form.

I give permission to the staff of PITTSFORD SUMMER CAMP to administer the following medication(s) to my child.

Child's name: \_\_\_\_\_ Prescribing Physician: \_\_\_\_\_  
Medication: \_\_\_\_\_ Time of day to administer: \_\_\_\_\_  
Does the medication require refrigeration: \_\_\_\_\_  
Dosage: \_\_\_\_\_ Dates to administer: From \_\_\_\_\_ To \_\_\_\_\_  
What is the medication for? \_\_\_\_\_

PRESCRIPTION OR NONPRESCRIPTION (please circle one)

Child's name: \_\_\_\_\_ Prescribing Physician: \_\_\_\_\_  
Medication: \_\_\_\_\_ Time of day to administer: \_\_\_\_\_  
Does the medication require refrigeration: \_\_\_\_\_  
Dosage: \_\_\_\_\_ Dates to administer: From \_\_\_\_\_ To \_\_\_\_\_  
What is the medication for? \_\_\_\_\_

PRESCRIPTION OR NONPRESCRIPTION (please circle one)

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_