Youth Camp Child’s File Checklist

All applicable items are to be completed before the child attends the camp:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child file requirements: | |  | | Date completed  or documented: |
| Name: |  | | | |
| Date of birth: | | | **Date of enrollment:** | |
| * Parents/Guardians’ names | | | |  |
| * Parents/Guardians’ place(s) and hours of employment and work phone number(s), if applicable | | | |  |
| * Parents/Guardians’ home phone number(s) | | | |  |
| * Parents/Guardians’ cell phone number(s) | | | |  |
| * Names and phone numbers of two people authorized to pick up the child | | | |  |
| * Name and phone number of child’s doctor | | | |  |
| * Parents’ Right to Know acknowledgement | | | |  |
| * Permission for emergency medical treatment | | | |  |
| * Physical and immunization record or exemption | | | |  |
| Documents required, if applicable | | | |  |
| * IEP, if services will be provided at camp | | | |  |
| * Information on allergies | | | |  |
| * Court orders on custody and visitation arrangements | | | |  |
| * Swimming permission | | | |  |
| * Transportation permission | | | |  |
| * Child accident/injury reports | | | |  |
| * Permission to administer medication on a Medication Administration Record | | | |  |
| * Statement that parent is choosing to provide meals/snacks instead of having the child eat the meals/snacks provided by the camp | | | |  |