



Medical Information Form 2024

\_\_\_\_\_ Kiddie Camp

\_\_\_\_\_ Summer Sunshine

Child's name: \_\_\_\_\_  
(Last)

\_\_\_\_\_ (First)

Birthdate: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, Zip \_\_\_\_\_

Guardian's name: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Guardian's name: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Any allergies? \_\_\_\_\_  
(If the child uses an auto-injector or staff needs to distribute any other type of medication please fill out separate forms)

Any physical limitations? \_\_\_\_\_

Emotional or social problems? \_\_\_\_\_

Chronic or existing medical condition? \_\_\_\_\_

As a parent/guardian of \_\_\_\_\_

I hereby understand that if a serious injury or illness develops, medical and/or hospital care will be sought and parents/guardians will be notified. If it is impossible to notify me, I give my permission for emergency treatment to be given at the recommendation of the attending physician. In the event of an immediate emergency, I give my permission for the Park District staff to call the emergency number and for an ambulance to transport my child to the nearest hospital facility.

I further understand that the staff of the Mokena Community Park District are not responsible in the event of accidental injury or illness.

SIGNATURE OF PARENT OR GUARDIAN

DATE

\_\_\_\_\_

\_\_\_\_\_

Note: The Mokena Community Park District does not provide medical insurance for participation in any of the park-sponsored programs.

**PLEASE COMPLETE AND RETURN TO THE PARK OFFICE NO LATER THAN JUNE 01, 2024**