

PARENT - TEACHER ORGANIZATION FOR EXCEPTIONAL CHILDREN

SUMMER RECREATION/CAMP PROGRAM APPLICATION

CAMPER'S NAME _____ Gender _____

STREET ADDRESS _____ Ethnicity/Race _____

CITY, STATE, ZIP CODE _____

TELEPHONE# _____ DOB ____/____/____ AGE _____

CAMPER'S SCHOOL _____ TEACHER _____

EMERGENCY CONTACT PERSON(S) AND TELEPHONE #'S

_____ / _____

MEDICAL INFORMATION

Disability of your child _____

Does your child suffer from seizure activity now or in the past? Y ____ N ____

Does your child suffer from any heart condition now or in the past? Y ____ N ____

Does your child require wheelchair accommodations? Y ____ N ____

List any **allergies**; including medications for these allergies.

List ALL current major medical problems your child is experiencing **AND** all **medications*** that your child is currently taking:

***Medications will not be administered unless a written detailed list of medications, times, dosage amounts and authorization for dispensing is received prior to camp; signed by a parent or legal guardian.**

List ANY other precautions or concerns in the care of your child while at camp:
(ie. bathroom assistance, ability to ride bus, feeding assistance, phobias, etc.)

MISCELLANEOUS

Bowling shoe size: _____ T-shirt size: _____

Notes: Bring sack lunch and drink everyday.
Aggressive/non-compliant behavior will not be tolerated.

RELEASES

I give permission for my child to be photographed; and for all photographs taken to be used in P.T.O.E.C. promotional material. **Y** _____ **N** _____

I give my permission for my child to go on all field trips. **Y** _____ **N** _____

In consideration for this registration being accepted, I hereby, for my child, myself, my heirs, executor and administrators, waive and release any and all rights and claims for damages and losses against any P.T.O.E.C. representative, successors and assigns, for any and all injuries suffered by my child during camp participation. I also understand that P.T.O.E.C. does not provide any type of health or accident insurance for camp participants. In the event of a major medical emergency, I give my permission for my child to receive appropriate life-saving medical treatment at the nearest medical service facility.

PARENT/ LEGAL GUARDIAN

PLEASE RETURN **COMPLETED APPLICATION AND REQUIRED FEE BY**

6-1-19

TO:

MR. JEFF PRICE
1710 SAINT ANDREWS DRIVE
SHILOH, ILLINOIS 62269

Make Checks payable to: PTOEC