



Adventure Stage Chicago 1012 N. Noble Street Chicago, Illinois 60642
Settlement: 773-278-7471 Fax: 773.278.2621 Christian Helem Direct:
773.969.5549
christian@adventurestage.org www.adventurestage.org

ADVENTURE STAGE CHICAGO'S TRAILBLAZERS SUMMER CAMP INFORMATION SHEET

Date: _____

Child's Name: _____ M / F

T-Shirt Size (please circle one): Small Medium Large Extra Large

Age: _____

School: _____

Dear Parent(s) / Guardian(s):

It is important to us that your child enjoys ***Adventure Stage Chicago's Trailblazers Summer Camp***. Your comments about your child can help us understand him/her better. As a result, this can increase the chances of a positive interaction between our staff and your child and offer the best program specially designed for your child.

Please answer the following questions as best as you can.

Thank you,

Christian Helem
 Trailblazers Summer Camp Program Director

INTERESTS AND EXPERIENCES:

1. Has your child participated in any other Northwestern University Settlement House programs? Yes No

If yes, which ones: _____

2. Please list the 3 things your child is most passionate about.

Parent will receive a copy of any form that they sign.



3. Is your child a member of other group(s)? Yes No

If so, please list: _____

4. What does your child hope to get out of his/her experience with Trailblazers this summer?

PERSONALITY:

1. How would you describe your child's interaction with:

a). other children _____

b). adults _____

2. Has your child had any significant problem/issues at home or school during the past 6 months of which you would like us to be aware?

3. Does your child has any fears that we should be aware of?

PHYSICAL DESCRIPTION:

1. Does your child have any nervous habits? Yes No

If yes, please comment _____

2. Does your child have any medical problems (allergies, seizures, reactions to bee stings, etc) of

Which we should be aware? Yes No If yes, please list problem or symptoms and what to do. _____

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3. Does your child have any physical disabilities? Yes No

If yes, please explain _____

4. Does your child have any restrictions for play a). indoors _____

b). outdoors _____

5. Is there any other issue, comment, or suggestions that you would like to share with us?

STAFF COMMENTS:



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Adventure Stage Chicago's Trailblazers Summer Camp

Photo Release & Field Trip Slip

For good and valuable consideration herein acknowledged as received, I hereby give to NORTHWESTERN UNIVERSITY SETTLEMENT ASSOCIATION OR THEIR PARTNERS my consent to use, publish, republish, disclose, or redisclose any photographs and/or recordings of my voice taken or made of myself or my child at NORTHWESTERN SETTLEMENT or ADVENTURE STAGE CHICAGO for website at www.nush.org and/or www.adventurestage.org for brochures, video tapes, and publicity purposes for charitable causes.

I further waive, release, discharge, and disclaim any right or claim to any payment or compensation for this release or the use of my children's likeness.

Parent/Guardian: _____

(Please print)

Relation to minor: _____

Signature: _____

Date: _____

Child's Name: _____

(Please print full name)

Witness: _____

Date: _____

(Settlement Staff Member)

While at Adventure Stage Chicago's Trailblazers Summer Camp, there may be some activities including neighborhood walks, walks to library, park, etc., and field trips which take place off the immediate grounds of the Settlement House. Children are always accompanied and under the supervision of our staff.

By signing this letter I acknowledge and give permission for my child to fully participate in programs and activities. ***I further agree to absolve the trip sponsors, staff, and participants of all personal responsibility, knowing that all reasonable precautions will be taken to insure the safety of all listed members of my family.***

Child's Name: _____

Parent's Signature: _____ **Date:** _____

Parent will receive a copy of any form that they sign.



Adventure Stage Chicago's Trailblazers Summer Camp

Adventure Stage Chicago *Operated by Northwestern Settlement, Chicago IL*

1012 N. Noble Street | Chicago, IL 60642 | 773.969.5549 | christian@adventurestage.org

Trailblazers Summer Camp Health History and Camper Info

Session: _____ Camper: _____ Birthdate: _____

Parent/guardian 1: _____ Relationship: _____ Phone: _____

Parent/guardian 2: _____ Relationship: _____ Phone: _____

Address: _____

City, State: _____ Zip Code: _____

Emergency Contact 1: _____ Relationship: _____ Phone: _____

Emergency Contact 2: _____ Relationship: _____ Phone: _____

Doctor/Care Provider 1: _____ Phone: _____

Doctor/Care Provider 2: _____ Phone: _____

Coverage Agency/ID Number: _____

Check if Camper has:	Medication	Notes, Treatments, Details
<input type="checkbox"/> history of hospitalization or surgeries	<input type="checkbox"/>	type/date:
<input type="checkbox"/> chronic condition or recent infectious disease	<input type="checkbox"/>	
<input type="checkbox"/> history of seizures	<input type="checkbox"/>	
<input type="checkbox"/> frequent ear infections	<input type="checkbox"/>	
<input type="checkbox"/> history of head lice	<input type="checkbox"/>	
<input type="checkbox"/> history of headaches	<input type="checkbox"/>	
<input type="checkbox"/> history of problems sleeping/sleepwalking/ bedwetting	<input type="checkbox"/>	
<input type="checkbox"/> vision problems	<input type="checkbox"/>	<input type="checkbox"/> glasses <input type="checkbox"/> contacts
<input type="checkbox"/> hearing problems	<input type="checkbox"/>	hearing device: <input type="checkbox"/> right <input type="checkbox"/> left

Parent will receive a copy of any form that they sign.



<input type="checkbox"/> allergies	<input type="checkbox"/>	
<input type="checkbox"/> skin problems	<input type="checkbox"/>	
<input type="checkbox"/> menstrual problems	<input type="checkbox"/>	
<input type="checkbox"/> problems with diarrhea or constipation	<input type="checkbox"/>	
<input type="checkbox"/> joint/back problems	<input type="checkbox"/>	
<input type="checkbox"/> diabetes	<input type="checkbox"/>	
<input type="checkbox"/> other physical, or emotional, or psychiatric condition	<input type="checkbox"/>	

Allergies: No known allergies Food allergies Environmental allergies (pollen, insects, etc.) Other
 (Please use this space to describe allergies, reactions and treatments.)

Asthma: No asthma Has asthma Inhaler Nebulizer Oral Medications (Singulair, Prednisone, etc.)
All asthma medication must be brought to camp even if rarely used. Camp has its own nebulizer, so only send the medication and one complete setup; **do not send the nebulizer** itself.

Diet/Nutrition: Regular diet Regular vegetarian diet Special food needs (describe below)

Restrictions: Participate fully without restrictions Participate with following restrictions:

Health Plan – Please provide a health plan for any chronic conditions.

Medication	Condition	Dose/___ (Night, Meals, as needed, etc.)	Rx or OTC

Rx = Prescription, OTC = Over the counter

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Mental, Emotional and Social Health Check if the camper has

<input type="checkbox"/> Been treated for ADD or AD/HD
<input type="checkbox"/> Been treated for any emotional or behavioral difficulties or an eating disorder
<input type="checkbox"/> Seen a professional due to mental/emotional health concerns in the past 12 months
<input type="checkbox"/> Had a significant life event that continues to effect the camper's life (new sibling, family change, death in family, abuse, etc.)
Explain any checked boxes:

- **If your child is ill prior to camp, please contact us to ensure that he/she will be able to attend.**
- Please do not send over the counter medications with your child.

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Parent/Guardian: _____

Date: _____ Relationship to Child: _____

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PARENT/CAMP AGREEMENT FORM

Date: _____

Child's Name: _____

Father: _____ M/S/W/O

Date of Birth: _____

Mother: _____ M/S/W/O

Guardian: _____ M/S/W/O

Address: _____

Home Phone: _____

Father Work Phone: _____

Mother Work Phone: _____

Guardian Work Phone: _____

The following agreement has been developed by the Settlement House to fulfill funding, licensing and program requirements.

Please place a Y=Yes or N-No and your initials in each box, verifying that you have read it and/or it has been explained to you.

1. Permission to Provide Necessary Treatment or Emergency Care:

I hereby give permission to the medical personnel selected by NUSH to order X rays, routine tests, treatment, to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation to me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by NUSH's to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips outside NUSH.

2. Any picture taken of my child may be used in newspapers, displays, bulletin boards, or for publicity purposes.

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3. My child may accompany his/her class on all scheduled field trips in and out of the neighborhood.

4. My child will be in attendance in the program everyday. If my child is sick, I agree to contact the center on the days of his/her absence. I understand it is my responsibility to bring in a doctor's clearance for my child to return to the center if they have had a contagious illness.

5. I am welcome at the center anytime. I also understand that I can also request a parent conference at any time that will be scheduled as soon as program commitments allow, and will be available for formal parent/teacher conferences.

6. I will cooperate with the center in all areas including communicating with the teachers regularly, being available for informal meetings, offering suggestions to enhance the program, volunteering in the classroom and on field trips when available, assisting in fundraisers and attending parent meetings.

7. I will respond in a timely manner to all notices sent to me by the center including redetermination every six month, program fees and medical and dental exams as these are required by the funding and licensing agencies.

8. I will provide the center with information that is true and correct and inform the center when any information changes (i.e. changes in employment, income, home/work phone, family size, home address, emergency information and authorization to pick up etc.)

9. **I understand that my child needs to be dropped off no earlier than 8:30 am and no later than 9:30 am on regular days of programming (Monday-Friday from June 26th-August 18th).**

And

I understand that my child needs to be picked up no earlier than 2:30pm and no later than 3:30pm each day.

Parent will receive a copy of any form that they sign.



10. Campers are required to attend at least 80% of scheduled sessions (32 of the 40 days of camp). Any predetermined absences must be shared with Adventure Stage Chicago staff at least 24 hours prior to the absence and earlier if possible. I know that my child will be absent on the following dates.

11. If a child is absent for 3 days or more, Adventure Stage Chicago staff will contact the home to determine why the absences have continued. Based on the information provided to our staff, we may decide to terminate the child from the program.

12. If camp staff determine that there has been a pattern of irregular attendance by my child/ren, it may result in termination from the program.

13. **I agree to supply my child with a nutritious lunch and 2 nutritious snacks for each day of programming. I understand that access to a refrigerator or microwave is not guaranteed.**

14. A) At the end of the day, my child/ren may be released and walk home on their own.

B) At the end of each day, or during the day, my children may be released only to the person signing this form or the following persons who are 14 years of age or older.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship To Child</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14. **Confidentiality**

All children records are maintained in locked office. Parents have access to all information contained on these records. All information regarding a child or family

Parent will receive a copy of any form that they sign.



is held under total confidentiality. Release of information in file requires a signed parental permission.

15. **Mandated Reporter Status**

All staff are required to report any and all suspected cases of abuse or neglect by State law.

Parental consent is not needed to make reports to the child abuse hotline (1-800-25A-Buse)

17. I understand that I must adhere to all of the rules and regulations stated above and that my child/ren maybe terminated from the program if these are not followed.

Emergency Information

If I am not available in an emergency, notify:

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship To Child</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Name of Doctor: _____ Phone: _____

Address: _____

Enrollment Information

Child's 1st day in program: _____

Comments: _____

Child's last day in program: _____

Reason: _____

By signing below I agree to absolve Adventure Stage Chicago's Trailblazer Summer Camp sponsors, staff, and participants of all personal responsibility, knowing that all reasonable precautions will be taken to insure the safety of all listed members of my family.

Parent/Guardian Signature: _____

Date: _____

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Emergency Contact Information Summer 2017

Student Participant: _____

Guardian 1 Information

Settlement Phone: (773) 278-7471

Christian Helem (Program Director)

 Work: (773) 969-5549 Cell: (773) 682-8951

 Email: christian@adventurestage.org

Name: _____ Relationship to Student: _____

Guardian 1 Address: _____

Guardian 1 Cell Number: (____) _____ - _____

Guardian 1 Work Number: (____) _____ - _____

Guardian 1 Email: _____ @ _____

Guardian 2 Information (please list only guardian, emergency contacts can be listed below)

Name: _____ Relationship to Student: _____

Guardian 2 Address: _____

Guardian 2 Cell Number: (____) _____ - _____

Guardian 2 Work Number: (____) _____ - _____

Guardian 2 Email: _____ @ _____

PERSONS TO CONTACT FOR EMERGENCY- IF GUARDIAN CANNOT BE REACHED

The persons listed below are authorized to pick up my child in case of an emergency in the absence of a guardian.

	Name	Phone Number	Relationship to Student	Address
1.				
2.				
3.				

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The following person(s) may NOT pick up my child (court documents required):

Guardian/Parent Signature: _____ Date: _____

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Medical Expenses

Adventure Stage Chicago's Trailblazers Summer Camp

Minor first aid treatment for campers is administered by our staff, trained and certified by American Red Cross. Emergency medical treatment is available in the surrounding community.

The program will not be responsible for all medical expenses for your child. These expenses including doctor or clinic visits and medications will be billed directly to you or your insurance company by the medical vendor.

Child(ren) Names(s): _____

Insurance Co. Name: _____

Policy Number: _____

Insurance Address: _____

I understand that I am responsible for all medical expenses for the above named individuals and agree to be billed directly by the vendor.

Date

Parent or Guardian

Note: Make copy of Insurance Card or Medical Card/TANF

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