

# Jacomo Summer Camp 2023

## Camper Information Form

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Weeks Attending (Please check all that apply): 1 2 3 4 5 6 7 8 9 10

### Camper Information

Camper's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age on June 5, 2023 \_\_\_\_\_

Gender: Male Female Shirt Size: YS YM YL YXL

Has your camper attended Jacomo Summer Camp before? Y N

How did you hear about Jacomo Summer Camp? \_\_\_\_\_

### Guardian's Contact Info

Primary Guardian \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: Daytime ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

Secondary Guardian \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Phone: Daytime ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

### Emergency Contact

In case of an emergency, please contact the following first:

Primary Guardian  Secondary Guardian

If neither primary nor secondary guardian can be reached in an emergency, please call:

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Phone: Daytime ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Phone: Daytime ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Camper's Doctor \_\_\_\_\_ Doctor's Phone ( ) \_\_\_\_\_

Hospital preference \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent/Primary Guardian*

\_\_\_\_\_  
*Date*

*For Official Use Only – Household Number:* \_\_\_\_\_

# Jacomo Summer Camp 2023

## Authorized Ride and Pick-Up Release



Camper's Name \_\_\_\_\_ Age \_\_\_\_\_  
First Name Last Name

Please list the people you authorize to pick up your child from Jackson County Parks + Rec Jacomo Summer Camp. Include yourself and all parents, guardians, emergency contacts, carpool drivers, older siblings that drive, any neighbors, relatives or co-workers who are permitted and will be picking up your child. If you need to add or delete a name on this list, a new form may be completed at the Kemper Outdoor Education Center Front Office.

**Please Print clearly and write down the authorized ride's name as it is shown on their photo identification. Photo identification will be required each day from individuals picking up children.**

**PLEASE DON'T FORGET YOURSELF, SECONDARY GUARDIAN, EMERGENCY CONTACTS....**

Last Name	First Name	Relationship	Phone Number

Individuals listed above have my permission to drop-off or pick-up my camper to/from Jacomo Summer Camp.

\_\_\_\_\_  
*Signature of Parent/Primary Guardian* *Date*

*For Official Use Only – Household Number:* \_\_\_\_\_

# Jacombo Summer Camp 2023

## Health Questionnaire Form



Camper's Name \_\_\_\_\_ Age \_\_\_\_\_  
First Name Last Name

Your child's health and safety are our number one priority. All our staff are required to have a current first aid and CPR certification. Please let us know of any changes to your child's health that may affect their participation at camp.

Camper's should bring and use insect repellent and sunscreen (minimum 30 SPF) daily.

Be sure to fully explain any conditions your child is currently experiencing. It is important to include ALL information regarding your camper's health history so that our staff are prepared in case of incident or emergency.

### Allergies

- This camper has No Known Allergies.  
 This camper is allergic to:  Food  Medicine  The environment (insect stings, hay fever)  Other  
*Please describe below what the camper is allergic to and the reaction seen.*

### Medication

- This camper WILL NOT take any daily medications while attending camp.  
 This camper WILL take daily medication(s) while at camp.  
*If applicable, please list the medication, the dose and time your child takes it. You will need to drop off the medication at the Kemper Outdoor Education Center Front Office and complete a Medication Authorization and Release Form.*

### General Health History

Does the camper have any of the following:

Recurrent/chronic illnesses.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recent injury.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Seizures.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fainting or dizziness.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Headaches.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Back/joint problems.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	GI issues/diarrhea/constipation.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Skin problems.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trouble with hearing or seeing.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma.....	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Does your child have a physical condition or limitation of which the staff should be aware and/or could restrict participation in full camp programs/activities?.....  Yes  No  
*Please explain "Yes" answers in the space provided below and include ways staff can work with/help your child.*

\_\_\_\_\_  
*Signature of Parent/Primary Guardian* *Date*

# Jacomo Summer Camp 2023

## Health Questionnaire Form

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Camper's Name \_\_\_\_\_ Age \_\_\_\_\_  
First Name Last Name

### Mental, Emotional & Social Health

Camper is being or has been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?.....  Yes  No

Ever been treated for emotional or behavioral difficulties?.....  Yes  No

Had a significant life event that continues to affect the camper?.....  Yes  No  
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

*Please explain "Yes" answers in the space below and include recommended ways staff may work with the camper so that they can enjoy their time at camp. (Please thoroughly review our Code of Conduct Agreement.)*

### Immunization

Has your child recently been exposed to any communicable disease?.....  Yes  No  
*If yes, please explain.*

Is your child up to date on their vaccinations required by school?.....  Yes  No  
Date of last tetanus shot?

### What did we miss?

*Please use the space below to provide any additional information about the campers physical, emotional, and mental health or behavior which the camp should be aware and might affect the campers participation in camp.*

\_\_\_\_\_  
*Signature of Parent/Primary Guardian*

\_\_\_\_\_  
*Date*

*For Official Use Only – Household Number: \_\_\_\_\_*

# Jacomo Summer Camp 2023

## Camper Code of Conduct Agreement

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### **Behavior Guidelines**

- ✓ Show respect to all participants of Jacomo Summer Camp. This includes all campers, counselors and any Jackson County staff or volunteers.
- ✓ Be responsible for their words and actions.
- ✓ Listen to camp counselors, camp staff and volunteers and follow their directions.
- ✓ Leave all electronic devices at home such as iPods, handheld computer games, MP3 players, and cell phones. (A parent/guardian must seek permission from the camp director for the camper to be able to carry a cell phone for emergencies. If a phone is found, it will be placed in the front office where it will be kept until the end of the day).

### **Prohibited Behaviors**

- ✓ Endangering the health and safety of themselves, other campers, and/or staff or volunteers.
- ✓ Stealing, damaging, or failing to care for Jacomo Summer Camp's equipment, other participants' personal property or their own personal property.
- ✓ Continual disruption of the program and lack of participation.
- ✓ Refusal to follow the behavioral guidelines and listening to counselors.
- ✓ Inappropriate physical contact.
- ✓ Using profanity, inappropriate language or displaying clothing or personal items with offensive content.
- ✓ Bullying others or acts of aggression or violence.
- ✓ Possession or use of illegal substances, tobacco, or alcohol.
- ✓ Possession of weapons - any object that may cause harm to another or place another person in fear of his/her safety, may be considered a weapon.

### **Steps Taken for Failure to Follow These Behavior Guidelines**

1. **Verbal Warning:** Counselor will discuss the incident with the camper and/or redirect the camper to a more appropriate behavior.
2. **Loss of Participation:** Staff will have the camper sit out from an activity. Depending on the severity of the incident the camper's guardian may or may not be notified.
3. **Sent Home:** If the problem persists the Camp Director will be notified and may find it necessary to have the camper picked up early from camp. The parent will be called to discuss the problem.
4. **Removal from Camp:** If problems persist, the Camp Director reserves the right to withdraw the camper from Jacomo Summer Camp. If this happens, you will not be eligible for a refund.

**NOTE:** If a camper's behavior at any time threatens the immediate safety of him or herself, other campers, or staff, the parent/guardian will be notified and expected to pick up the child immediately.

The Camp Director reserves the right to withdraw a camper from Jacomo Summer Camp at any time and start at the 2<sup>nd</sup>, 3<sup>rd</sup> or 4<sup>th</sup> steps depending on the severity of the incident.

### **Agreement**

Failure to comply with the Code of Conduct may result in removal from the program and/or additional fees. There will be no refunds given for campers who are removed from the program due to violations of the Code of Conduct.

I have read and understand this Code of Conduct. It is out of respect for myself, and others that I agree to abide by these rules. I understand if I violate these rules, I may be denied the privilege of participating in the Jacomo Summer Camp activities and I may be asked to leave the Jacomo Summer Camp by the Jackson County Associates.

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*Camper Printed Name*

*Camper Signature*

*Date*

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*Signature of Parent/Primary Guardian*

*Date*

*For Official Use Only – Household Number: \_\_\_\_\_*



# Jacomo Summer Camp 2023 Guardian Waiver/Acknowledgement Form

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_

First Name

Last Name

Guardian's Name \_\_\_\_\_

Please initial below indicating if you agree.

\_\_\_\_\_ I understand campers will be placed in age groups determined by their age on **June 5, 2023**. Those groups will remain the same for the entire summer. Campers will not be allowed to change groups unless the Camp Director feels necessary.

\_\_\_\_\_ I agree that my camper will leave all electronics including cell phones at home. If electronics are found, I understand it will be placed in the Front Office where it will be kept until the end of the day.

\_\_\_\_\_ I give my child permission to take part in all activities and field trips. I understand field trips can be cancelled or changed.

\_\_\_\_\_ I give permission for my child to watch a PG movie inside if applicable (heat relief, rainy days, etc.).

\_\_\_\_\_ I understand and agree that if my camper is showing signs of being sick, I will keep them home. If my camper shows signs of an illness while at Jacomo Summer Camp, the guardian will be contacted and required to pick the camper up within 2 hours.

\_\_\_\_\_ I agree that my camper will follow the Jackson County COVID-19 protocols during their participation at Jacomo Summer Camp, and if not, that JCP+R reserves the right to remove my minor child(ren) from camp.

\_\_\_\_\_  
*Signature of Parent/Primary Guardian*

\_\_\_\_\_  
*Date*

*For Official Use Only – Household Number:* \_\_\_\_\_

# Jacomo Summer Camp 2023

## Agreement to Hold Harmless, Assumption of Risk, Publicity & Talent Release Waiver



Camper's Name \_\_\_\_\_ Age \_\_\_\_\_  
First Name Last Name

Guardian's Name \_\_\_\_\_

I give my permission for the camper named above to attend the Jacomo Summer Camp and to participate in all the activities of said program. I affirm that this child is in good physical condition and will abide by the rules, regulations and decisions of the camp.

I authorize the employees of Jackson County Parks + Rec to administer emergency first aid treatment and to transport him/her to the hospital if deemed advisable by the person in charge. I further authorize the physician(s) to provide treatment for this child if I cannot be contacted by telephone in the event of an accident or illness. I understand that attendance at the Jacomo Summer Camp is not without risk to my child, even when the program is conducted with the greatest amount of care. In case of accident, injury or loss, I hereby waive and release Jackson County, Missouri and all elected or appointed officials, employees, instructors and volunteers of Jackson County, and any other persons in any other way connected with the Jacomo Summer Camp from any and all liability of any nature for injury or damage resulting from my child's attendance at the Jacomo Summer Camp, and I expressly assume the risk of such damage or injury while my child attends any function of the Jacomo Summer Camp.

I hereby give Jackson County and its legal representatives and assigns, permission to use my child's name, face, likeness or voice in still photographs, recordings and video footage for use in brochures, fliers, newspaper articles, television, radio, social media or any other media without compensation for the purpose of promoting the Jacomo Summer Camp and other Jackson County Parks + Rec programs and facilities. I hereby release, discharge and agree to save Jackson County, its legal representatives and assigns from any liability as a result of any optical or audio distortion, blurring, alteration, optical illusion or use in composite form either intentionally or otherwise which may be produced.

I give permission for my child to participate in field trip/excursions and for Jacomo Summer Camp to transport my child.

\_\_\_\_\_  
*Signature of Parent/Primary Guardian*

\_\_\_\_\_  
*Date*

*For Official Use Only – Household Number:* \_\_\_\_\_

# Jacomo Summer Camp 2023

## Medication Request Authorization & Release Form

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Camper's Name \_\_\_\_\_ Age \_\_\_\_\_  
First Name Last Name

**This form is ONLY required for campers that are taking medication, including over the counter medication, while at camp.**

Medications must be checked in at the Kemper Outdoor Education Center Office and all medication must be in original bottles with correct labeling.

Medication: \_\_\_\_\_

Dose/Amount: \_\_\_\_\_

Day/Time to Administer: \_\_\_\_\_

Medication Prescribed For: \_\_\_\_\_

Precautions \_\_\_\_\_

Name of Doctor Prescribing Medication \_\_\_\_\_

Doctor's Phone ( ) \_\_\_\_\_ Pharmacy Phone ( ) \_\_\_\_\_

### Request, Authorization & Release for Child Requiring Medication at Day Camp

I have read and understand Jackson County Parks + Rec's policy on dispensing medication at the Jacomo Summer Camp. As I have no other alternative than to have my child, named above, take his/her medicine while at camp, I hereby request and authorize the staff of the Jacomo Summer Camp to store my child's prescription medication, described above, and to supervise my child taking this medication. I understand that under no circumstance shall the medication be in the possession of the child. I also understand that no member of the Jacomo Summer Camp staff is a physician, nurse or pharmacist and I accept full responsibility for this request and authorization. I will provide all medication in the original pharmacy labeled bottles. I will be responsible for ensuring the summer camp staff has an adequate supply of the medication on hand at all times, and I will take back any leftover medication on my child's last day at camp. Medications not claimed within 30 days of the last camp date will be given to the police department for disposal.

\_\_\_\_\_  
*Signature of Parent/Primary Guardian*

\_\_\_\_\_  
*Date*

*For Official Use Only – Household Number:* \_\_\_\_\_