



Rush Copley Healthplex

### Camper Profile Packet (per child)

Camper Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Grade entering in the Fall of 2021: \_\_\_\_\_ School: \_\_\_\_\_

Is the camper a member of the Rush Copley Healthplex? YES NO

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Main Contact Email: \_\_\_\_\_

Parent/Guardian Name 1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Parent/Guardian Name 2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone # 1: \_\_\_\_\_ Phone # 2: \_\_\_\_\_

Is Main Parent/Guardian a member of Rush Copley Healthplex? YES NO

Secondary Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone # 1: \_\_\_\_\_ Phone # 2: \_\_\_\_\_

Is Secondary Parent/Guardian a member of the Rush Copley Healthplex? YES NO

**Emergency / Pick-up Information** – Authorized persons, other than parents/guardians listed above, who may be called in an emergency and/or pick up the child from the program. Only authorized individuals listed will be permitted to sign a child out. Anyone picking up a child (including parents) must be prepared to show a valid, State issued, photo ID. Minimum age for an authorized individual is 18 years old.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Please list anyone that DOES NOT have authorization to pick up your child:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Medical Information:**

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Any activities to be restricted: \_\_\_\_\_

**ILLNESSES** (Check any chronic or recurring illness)

Asthma	Heart Defect/Disease
Diabetes	Musculoskeletal Disorders
Seizures	Other: _____

**ALLERGIES** (Check any that apply and specify nature of allergic reaction)

Animals	Insect Stings	Pollen
Food	Medication/Drugs	Other: _____
Plants	Hay Fever	

List specific allergies, reactions and special instructions: \_\_\_\_\_

**MEDICATION** (Please list all, even if they are not taken at the Healthplex)

Is your child currently taking any medication?                      YES                      NO

List medication, dosage and the purpose of the medication: \_\_\_\_\_

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***Rush Copley Healthplex staff are unable to give medications to children attending our programs. In case of emergency, staff can administer an EpiPen, inhaler or diabetes medication.***

**OTHER HEALTH CONDITIONS** (Check any that apply and describe below.)

Hearing Impairment	Motion Sickness	Nosebleeds
Emotional Disturbances	Fainting	Wears Glasses/Contacts
Special Diet Regimen	Visual Impairment	Speech Impediment

Other limitations or important information: \_\_\_\_\_

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I give permission for staff to assist my child in applying spray on sunscreen if necessary. YES NO

**Children MUST bring their own sunscreen.**

Has your child previously attended a Healthplex Camp? YES NO

Does your child have siblings in the program? YES NO

If yes, please list name and age: \_\_\_\_\_

**Swimming ability:** \_\_\_Non-swimmer \_\_\_Fair-swimmer \_\_\_Good-swimmer

Does your camper have any physical, psychological or emotional limitations of which we should be aware? YES NO

If yes, please explain:

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Please identify any special adaptations or accommodations necessary to assist your camper in participating in our program:

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What are your child's favorite activities and special interests?

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What is your camper most looking forward to during their camp experience?

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Please list your camper's concerns and fears, if any:

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What would you like your camper to gain from participating in our program?

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Are there any custody/divorce concerns that the staff should be alerted to? YES NO

If yes, please explain:

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Please list any additional comments or concerns you would like us to be aware of:

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## General Policies

\_\_\_\_\_  
(initial)

### **LATE FEE POLICY**

I have read and understand the late policy as outlined in Rush Copley Healthplex Camp Manual. I understand that I will be charged a late fee of \$25 should my child be picked up after program end time.

\_\_\_\_\_  
(initial)

### **BEHAVIOR GUIDELINES ACKNOWLEDGEMENT**

I have read and understand the behavior guidelines that have been established by Rush Copley Healthplex to ensure a safe and enjoyable environment for all participants and staff. I agree to the discipline procedures outlined in the Rush Copley Camp Manual.

\_\_\_\_\_  
(initial)

### **FIELD TRIP PERMISSION FORM**

My child has my permission to go on any field trip (walking or by bus) sponsored by Rush Copley Healthplex during the time my child is attending the program. Notification of any trips will be sent home prior to the date the trip is scheduled.

\_\_\_\_\_  
(initial)

### **REFUND POLICY**

Rush Copley Healthplex will offer refunds for medical reasons with a Physician's note only or if camp minimum is not met.

\_\_\_\_\_  
(initial)

### **RUSH COPLEY HEALTHPLEX PARENT CAMP MANUAL**

I/We have read and understand and will adhere to the policies and procedures set forth in Rush Copley Healthplex Parent Camp Manual.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date