



DPR Summer Camp Emergency Contact Form

DC Department of Parks and Recreation ~ 1250 U Street NW Washington, DC 20009 ~ 202.673-7647

Camp Location

Site Name: _____

Participant Information

Name: _____ Date of Birth: ___/___/___ Male: ___ Female: ___

Address: _____ Phone: _____

Grade entering in Summer 2018: ___ Sibling (if applicable): _____ Date of Birth: ___/___/___

Parent/Guardian Contact Information

Parent/Guardian Name: _____

Phone (home): _____ Phone (cell): _____ Phone (work): _____

Email: _____ DC ID Number: _____

Parent/Guardian Name: _____

Phone (home): _____ Phone (cell): _____ Phone (work): _____

Email: _____

Emergency Contact Information

Emergency Contact Name: _____

Relationship to child: _____ Phone: _____

Emergency Contact Name: _____

Relationship to child: _____ Phone: _____

Pick-up Information

- Please check all options that apply:

My child(ren)/ward may be picked up by me and any of the following people listed below:

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

My child(ren)/ward may walk home alone upon dismissal or at the following time: _____ am/pm

Children must be at least 12 years old to walk home alone.

Medical Information

My child has the following allergies: _____

Does your child have asthma? Yes ___ No ___ If so, how is it treated?*

Please list any other pertinent medical conditions: _____

Does your child have up-to-date immunizations? Yes ___ No ___

*Please review DPR's Parent Guidebook regarding our policy on administering medication policy. DPR does NOT administer medication.

To complete registration, please also submit a signed participation waiver form, as well as a field trip permission form (if applicable).