# TEAM ADVENTURE CAMP: JUNIOR ADVENTURERS

## WEEKLY SCHEDULE

June 22\textsuperscript{nd}-26\textsuperscript{th}, 12:30-3:30pm

<table>
<thead>
<tr>
<th>DAY</th>
<th>ACTIVITIES</th>
<th>ADDITIONAL IMPORTANT ITEMS NEEDED</th>
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<tr>
<td>MON</td>
<td>Teams Course</td>
<td>Comfortable Clothes &amp; Sturdy Shoes</td>
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<td></td>
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<td>All Forms &amp; Waivers (see checklist)</td>
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<tr>
<td>TUE</td>
<td>Wilderness Survival</td>
<td>Comfortable Clothes &amp; Sturdy Shoes</td>
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<tr>
<td>WED</td>
<td>Climbing Tower</td>
<td>Comfortable Clothes &amp; Sturdy Shoes</td>
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<td></td>
<td>T-shirt Tie Dying</td>
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<tr>
<td>THU</td>
<td>Fort Building/Cookout</td>
<td>Comfortable Clothes &amp; Sturdy Shoes</td>
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<tr>
<td>FRI</td>
<td>Geocaching</td>
<td>Comfortable Clothes &amp; Sturdy Shoes</td>
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<td>Ice Cream Making*</td>
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*Please inform us of any dietary restrictions.*

**Please note:** While we strive to stick to the above schedule, flexibility is necessary. Activities may be adjusted due to weather and other circumstances.

**WAIVERS:** Parents/Guardians, please sign all the forms and waivers listed on the checklist for your child’s camp. **All necessary forms and waivers must be completed and signed by a parent or legal guardian in order for your child to participate.**

Suggested items to **bring every day to camp:**

- Small backpack
- Water bottle
- Sunscreen
- Sunglasses
- Bug spray
- Hat
- Snack

All Team Adventure Camps begin and end at the east entrance of the Lincoln Marsh at 1000 W Lincoln Ave near the Lincoln Marsh Natural Area sign. If you have any questions, please call 630.871.2810.
Below is a checklist of forms and waivers that you will need for camp. Please print, complete, and bring these with you the first day of camp. These forms can also be downloaded at www.wheatonparkdistrict.com.

- Health History & Emergency Form
- Medicine Dispensing Form (if needed)*
- Inhaler/Epi-Pen Waiver (if needed)*

*If you have a camper who needs to have medicine available at camp, please contact the Lincoln Marsh office at 630.871.2810 or you can download the Medicine Dispensing form at www.wheatonparkdistrict.com. The Inhaler/Epi-Pen waiver must be completed in addition to the Medicine Dispensing form if your camper will self-administer an inhaler or Epi-Pen.
Wheaton Park District
Health History and Emergency Form

Name of Camp: ____________________________________  Session: ______________________

Name __________________________________________  Birthday ______ Age ______ Grade in Fall ______

Home Address ____________________________________  City ____________________  Zip Code ______

Parent/Legal Guardian ______________________________  Phone Number __________________

Address __________________________________________  City ____________________  Zip Code ______
(If different from address above)

Work Phone: ______________________________________  Cell Phone: ______________________

Second Parent/Legal Guardian ________________________  Phone Number __________________

Address __________________________________________  City ____________________  Zip Code ______
(If different from address above)

Work Phone: ______________________________________  Cell Phone: ______________________

If not available in an emergency, notify:

Name __________________________________________  Relationship ________________

Cell: ___________________________________________  Home Number: ________________

Address __________________________________________  City ____________________  Zip Code ______

Insurance Information
Is the participant covered by family medical/hospital insurance?  yes   no
If yes, indicate carrier or plan name ____________________________  Group # ______________

Carrier Address ______________________________________  City ________________  Zip Code ______

Name of Insured ______________________________________  Relationship to participant ______________

Physician Information

Name of Physician ____________________________________  Telephone ________________

Address ___________________________________________  City ____________________  Zip Code ______

Name of Dentist ______________________________________  Telephone ________________

Address ___________________________________________  City ____________________  Zip Code ______

Authorization for Emergency Medical Treatment

I authorize the Wheaton Park District to take action as necessary in case of an emergency.

________________________________________  ________________________________
Date                                        Signature of Parent or Guardian

Please see back side of form for health information
Health History

The parent/legal guardian must fill in the following information. The intent of this information is to provide camp personnel the background for appropriate care. Keep a copy of the completed form for your records.

ALLERGIES – List all known
Medication Allergies (List)

________________________________________

Food Allergies (List)

________________________________________

Other Allergies (List) – include insect stings, hay fever, asthma, animal dander, bug spray, etc.

________________________________________

Restrictions (The following restrictions apply to this individual)

Does not eat:
Peanuts Tree Nuts Pork Poultry Seafood Eggs Dairy Other

Please describe other:
________________________________________

General Questions (Explain “yes” answers below)

1. Had any recent injury, illness or infectious disease? Yes No
2. Have a chronic or recurring illness/condition? Yes No
3. Ever had a head injury? Yes No
4. Ever been knocked unconscious? Yes No
5. Wear glasses contacts or protective eyewear? Yes No
6. Ever been diagnosed with a heart murmur? Yes No
7. Ever had back problems? Yes No
8. Ever had problems with joints? Yes No
9. Have any skin problems (rash, itching, etc.) Yes No
10. Have diabetes? Yes No
11. Have frequent headaches? Yes No
12. Ever have frequent ear infections? Yes No

Please explain any “yes” answers, noting the number of the question(s).
________________________________________

My child is up-to-date on his/her immunizations and tetanus shots: ___yes ___no

Use this space to provide any additional information about the participant’s behavior and physical, emotional, or mental health about which the camp should be aware:
________________________________________

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary, including swimming info):
________________________________________

My child is authorized to be picked up by the following person(s) from camp: (ID must be provided by person picking up)

1. ____________________________ Relationship__________ Phone # ____________________

2. ____________________________ Relationship__________ Phone # ____________________

3. ____________________________ Relationship__________ Phone # ____________________