# TEAM ADVENTURE CAMP: SHORT CUT
## WEEKLY SCHEDULE

**July 1st – 3rd, 12:30-3:30pm**

<table>
<thead>
<tr>
<th>DAY</th>
<th>ACTIVITIES</th>
<th>ADDITIONAL IMPORTANT ITEMS NEEDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>MON</td>
<td>Teams Course</td>
<td>Comfortable Clothes &amp; Sturdy Shoes</td>
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<tr>
<td></td>
<td></td>
<td>All Forms &amp; Waivers (see checklist)</td>
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<tr>
<td>TUE</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>WED</td>
<td>Geocaching</td>
<td>Comfortable Clothes &amp; Sturdy Shoes</td>
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<td></td>
<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:

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<tr>
<th>Peanut</th>
<th>Tree Nuts</th>
<th>Pork</th>
<th>Poultry</th>
<th>Seafood</th>
<th>Eggs</th>
<th>Dairy</th>
<th>Other</th>
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Please describe other:

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