

Dear Parents:

Welcome to the 2022 Just for Fun Young Explorers Summer Camps! We have received your registration and are ready to provide your child a week of summer camp FUN! Attached you will find a Personal Data Sheet and the Emergency Medical Release form (this form does not need to be notarized). Please email these forms back to me at [lisa.hughes@jocogov.org](mailto:lisa.hughes@jocogov.org) prior to your child's first camp week or bring them completed with you on your child's first day of camp and give them to your camp director. Make sure you or the authorized person picking up your child has their driver's license or photo ID out to show staff daily. All individuals authorized to pick up children must be listed in advance on the personal data sheet. Until all authorized parties are known to the staff, photo identification will be required at the time of pick up.

State law prohibits the release of children to parents and other authorized adults who appear to be impaired by drugs or alcohol. Individuals picking up children must be free of the odor of alcohol and/or visible signs of substance impairment. JCPRD staff is required to ask potentially impaired persons to contact a designated driver to assure the safe transportation of children. Failure to comply will result in immediate police contact and reporting to the Kansas Department for Children and Families. Any existing court orders barring parent contact, visitation, and child release must be on file at the center to support law enforcement interventions. Children cannot be released to walk home unsupervised.

Every day you will check your children in at the following location:

Roeland Park Community Center Room #6 OR

New Century Fieldhouse at the outdoor shelter or front lobby if raining

You will receive a newsletter every Monday of camp from your camp director explaining the week's activities and other reminders for the week. We expect that all children come to camp each day with sunscreen already applied. We will be busy creating projects, exploring our environments, and playing with our friends and we don't want any sunburn's to occur. We also suggest sending a water bottle, marked with your child's name to camp each day along with a hat. We appreciate your help in keeping your child safe this summer.

We look forward to seeing you this summer. If you have any questions, feel free to contact Lisa Hughes at (913) 826-3024 for more information.

Sincerely,

Young Explorers Camp Staff



Please print or type and complete one Personal Data Form and Registration Form for each child enrolled

**JOHNSON COUNTY PARK AND RECREATION DISTRICT  
JUST FOR FUN YOUNG EXPLORERS SUMMER CAMP  
2022 PERSONAL DATA FORM  
Roeland Park OR New Century Fieldhouse (circle camp attending)**

Child's Full Name: \_\_\_\_\_ Week(s) enrolled \_\_\_\_\_

Child's Age: \_\_\_\_\_ Child's Birth Date: \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(Street) (City) (State/Zip)

Parent/Guardian: \_\_\_\_\_ Home #: \_\_\_\_\_

Home Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Work # & Ext. \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home #: \_\_\_\_\_

Home Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Work # & Ext. \_\_\_\_\_

#1 Emergency contact \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

#2 Emergency contact \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List Food/Substance Allergies: \_\_\_\_\_

List all individuals authorized to pick up your child (other than parents).

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

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

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

**(MUST HAVE PHOTO ID TO PICK UP CHILDREN)**

Specifically state any physical limitations: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

**Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A) except School Age Programs reference K.A.R. 28-4-582(e)(2)(B).**

Name of facility exactly as stated on the license/certificate.	License or Certificate #
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I hereby authorize Johnson County Park & Recreation (Name of individual/staff member) and/or  
Staff (Name of individual/staff member) who is (are) representative(s) of the  
above named facility to give consent for any and all necessary emergency medical care for my child or youth \_\_\_\_\_  
\_\_\_\_\_  
(First and Last Name of Child or Youth) while said child or youth is in said facility's custody  
between the dates of June 6, 2022 and until terminated.  
MM/DD/YY MM/DD/YY

Signature of Parent or Guardian	Date Signed
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Witness to Parent's or Guardian's signature only if required by the local hospital or clinic.	Date Signed
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Notarization of Parent's or Guardian's signature only if required by local hospital or clinic.

State of Kansas	<b>*****NOT REQUIRED*****</b>
County of _____	
Signed or attested before me on _____ by _____	
MM/DD/YYYY	Name of Person
(Seal, if any.)	Signature of notarial officer
	Title (and Rank)
	My appointment expires: _____

Complete information regarding health care insurance, if applicable.

Health Insurance Policy Name: \_\_\_\_\_ Policy Number \_\_\_\_\_  
Medical Assistance Program \_\_\_\_\_ Card Number \_\_\_\_\_  
Military Medical Care I.D. Number \_\_\_\_\_

If known, date of last Tetanus inoculation: \_\_\_\_\_

List any known allergies or other information about the medical status of this child or youth pertinent in case of emergency:

**THIS MEDICAL RECORD/ASSESSMENT FORM (OR HEALTH STATUS HISTORY FORM FOR SCHOOL AGE PROGRAMS) AND THE AUTHORIZATION FOR EMERGENCY MEDICAL CARE MUST BE TAKEN TO THE EMERGENCY ROOM. BOTH FORMS MUST ALSO BE IN A VEHICLE WHEN THE CHILD OR YOUTH IS TRANSPORTED BY THE FACILITY.**