



Camp Royal Emergency Information Form

Summer Youth Camps and Enrichment

Hopkins Community Education
Eisenhower Community Center, 170
1001 Hwy 7 • Hopkins, MN 55305
952-988-4070 • www.HopkinsSummer.org



Child's Name: (one form per child) _____

Child's Home Address: _____

I authorize the following adults, (must be at least 18 years old) along with the parent/guardians to be contacted in case of an emergency and/or pick up my child(ren). Persons must be able to be reached **locally**. Staff does not have access to long distance phone service.

Parent/Guardian Name:	Parent/Guardian Name:	Emergency Contact:	Emergency Contact:
Relationship:	Relationship:	Relationship:	Relationship:
Primary phone:	Primary phone:	Primary phone:	Primary phone:
Alternate phone:	Alternate phone:	Alternate phone:	Alternate phone:
Email:	Email:	Email:	Email:

Child's medications*, explain: _____

*Parent or guardian must fill out a *Release for Administration of Medication Form*, available in the Hopkins Community Education office or on the website, in order for staff to administer medication. No over-the-counter medication will be administered.

Does your child have allergies? Explain: _____

Does your child receive special services in school, explain: _____

Accident Waiver: In case of serious accident/injury/illness, I hereby authorize staff of Hopkins School District to call 911 BEFORE notifying me, and to administer necessary first aid. If an ambulance is necessary, I understand that Hopkins School District will not be held responsible for any costs that this may incur. **Signature** of Parent/Guardian: _____

Behavior Waiver: I understand that my child will need to follow all the rules at Camp Royal. I understand that if my child cannot follow the rules at Camp Royal, they may need to be picked up from camp for the day and/or will need to have a discussion with the Camp Director. **Signature** of Parent/Guardian for behavior: _____

Sunscreen Waiver: I will put sunscreen on my child before they arrive at camp if they are scheduled for an outside class. I permit staff to apply sunscreen to my child as needed. **Signature** of Parent/Guardian for sunscreen: _____

Late Fee Policy Acknowledgment: I understand that there is a late fee of \$1 per minute for pick ups after 12:30 p.m. for AM-only campers, and after 5:00 p.m. for PM-only and Full-day Campers. **Signature** of Parent/Guardian for late fee policy acknowledgment: _____

Photography information: I am aware that photographs of my child(ren) may be taken and used to promote Hopkins Community Education programs. Please contact our office at 952-988-4070 if you DO NOT want photographs taken of your child. **I have read the photography information, signature of Parent/Guardian:** _____

Child Pick Up Information:

Names of persons authorized to pick up your child(ren): _____

Is there anyone who is NOT authorized to pick up your child(ren)?, list: _____

Emergency form must be submitted to Hopkins Community Education before your child begins camp.

Bring in person or mail to:
Hopkins Community Education
1001 Highway 7, Room 170
Hopkins, MN 55305

Email:
Jennifer.Kopischke@HopkinsSchools.org