Lower Makefield Township
Parks & Recreation
Camper/Parent Paperwork Checklist

CAMPER NAME: _____

DATE: _____

Camper Forms Checklist
☐ Camper Pickup Authorization + Photo I.D. Copies
☐ Emergency Contact Form
☐ Parent Survival Guide Acknowledgement
☐ CPR/First Aid Consent Form
☐ Camp LMT Photo Release
☐ Van Release Form
☐ Food Allergy + Anaphylaxis Emergency Care Form
☐ Epi Pen Authorization Form
☐ Trip Release (Released Separately)

LOWER MAKEFIELD TOWNSHIP
Parks & Recreation

Camper Pick-Up Authorization Form

The following listed below will have permission to pick up your child from Camp LMT. You are allowed a maximum of **five** contacts who will be authorized to pick up your child. Each person **must** show photo identification when picking up a child. **Please upload** the photo I.D. they will be providing each day to this document in the boxes provided and email or return to the Community Center no later than **June 1, 2026.**

Child's Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Camper Photo

Person #1

Name: _____ Relationship to Child: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

Person #1 Photo ID

Person #2

Name: _____ Relationship with Child: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

Person #2 Photo ID

LOWER MAKEFIELD TOWNSHIP
Parks & Recreation

Person #3

Name: _____ Relationship with Child: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

Person #3 Photo ID

Person #4

Name: _____ Relationship with Child: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

Person #4 Photo ID

Person #5

Name: _____ Relationship with Child: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

Person #5 Photo ID

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182; 3280.124 (a)(b), 3280.181 & 182; 3290.124 (a)(b), 3290.181 & .182

CHILD'S NAME	BIRTHDATE
ADDRESS	
MOTHER'S NAME/LEGAL GUARDIAN	HOME TELEPHONE NUMBER
ADDRESS	
BUSINESS NAME	BUSINESS TELEPHONE NUMBER
ADDRESS	
FATHER'S NAME/LEGAL GUARDIAN	HOME TELEPHONE NUMBER
ADDRESS	
BUSINESS NAME	BUSINESS TELEPHONE NUMBER
ADDRESS	

EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE

PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS	TELEPHONE NUMBER WHEN CHILD IS IN CARE

NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER	TELEPHONE NUMBER
ADDRESS	

SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION REACTION)
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION, SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD	
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS	POLICY NUMBER (REQUIRED)

PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST - AID PROCEDURES
WALKS AND TRIPS	SWIMMING
TRANSPORTATION BY THE FACILITY	WADING

PERIODIC REVIEW

Don't Forget the Signatures Directly Above

SIGNATURE OF PARENT or GUARDIAN _____ DATE _____

SIGNATURE OF PARENT or GUARDIAN _____ DATE _____

LOWER MAKEFIELD TOWNSHIP
Parks & Recreation

Policies and Procedures Acknowledgment

By signing below, the signer acknowledges that he/she read, understood, and voluntarily agreed to the policies and procedures outlined in the Camp LMT Survival Guide. They recognize that they have received a copy of this acknowledgment and any other relevant documents referred to in it. They also acknowledge that these policies and procedures apply to him/her, as well as the camper(s) attending from their household and violating any of these policies and procedures will result in disciplinary measures made at the discretion of the Lower Makefield Township Director of Parks and Recreation, up to and including dismissal from camp.

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____

Date: _____

Name of Camper(s) attending: _____

T-shirt size for Camper(s): _____

LOWER MAKEFIELD TOWNSHIP
Parks & Recreation

Parent/Legal Guardian CPR + First Aid Consent Form

The following consent form must be reviewed by a parent or legal guardian. All forms must be returned to the Community Center by **June 1** with or without a signature. If the form is turned in without a signature, we will assume we **do not** have consent.

Child's Name: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Legal Guardian Consent Statement:

By signing this form, I give my informed consent to the staff members, who are certified in CPR, AED, and First Aid by a nationally recognized provider, to provide First Aid, CPR, and AED measures when deemed necessary at the discretion of staff members. This includes the use of liquid Benadryl. I fully understand that there are risks associated with the administration of this care and agree that I will not hold Camp LMT, Lower Makefield Township, or any of its staff, volunteers, or members responsible for any adverse consequences caused by the administration of the care listed above, including bodily injury or death.

I authorize Lower Makefield Township Staff to arrange for necessary transportation to the nearest medical facility, specifically an ambulance, appropriate to the condition for urgent or emergency medical treatment, and I do assume all responsibility for payment for such treatment. I hereby give permission to the physician at the receiving facility to secure and administer any medical treatment deemed necessary for my child, including hospitalization.

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature: _____

Date: _____

LOWER MAKEFIELD TOWNSHIP
Parks & Recreation

Camp LMT/Tween Adventures
Photographic, Image, and Voice Release

Occasionally, during camp, a photographer hired, or employed by Lower Makefield Township ("Township") will be taking photos. We ask that you fill out this release form so that we may use the images taken as part of Township publications.

PHOTO/IMAGE/VOICE/PRESS RELEASE

I hereby give Township entities, and any and all of its representatives from their assigns, licenses, and legal representatives, the irrevocable right to use my name (or any fictional name), picture, portrait, photograph, image, or voice in all forms and media and in all manners, including composite or purpose, and I waive my right to inspect or approve the finished product, including written copy, that may be created in connection therewith.

I also agree that this releases Township entities including, but not limited to, its Board of Supervisors, officials, and employees, and all of its representatives from any and all monetary obligations or payments to me or any or all of my authorized representatives for use of video, films, photographs, image and/or voice of myself or, as applicable, my child. I am of full legal age or have parental consent. I have read this release and am fully familiar with its contents.

_____ _____
Camper Name - Please Print Address

_____
Parent/Guardian Name - Please Print

_____ _____
Parent/Guardian Signature Date

☐ I **do not** consent to the use of photos, images, voices or press releases that include my child.

_____ _____
Camper Name - Please Print Address

_____
Parent/Guardian Name - Please Print

_____ _____
Parent/Guardian Signature Date

LOWER MAKEFIELD TOWNSHIP
Parks & Recreation

Van Release

Each child has a home site for camp, either Edgewood Elementary School or Lower Makefield Township Community Center. If your child needs to be transferred from one site to another, we ask that parents complete a release. Children will only be driven by approved Township employees. The van is a Lower Makefield Township 12-passenger van that has been thoroughly inspected inside and out before use.

We ask that you fill out this release form so that we may transport your camper, as needed, to Edgewood Elementary School, Lower Makefield Township Community Center, the Pool, or Kids Kingdom. In the past, we have needed these vans for days of extreme heat or in the event of a pop-up storm. The LMT van is also the main mode of transport for campers from before care and to after care.

Release

I hereby give township approved employees with a clean PA state driver's license the right to drive my camper in the van before care, after care, or during weather emergencies when a camper may need a safe ride. I am of full legal age or have parental consent. I have read this release and am thoroughly familiar with its contents.

Camper Name - Please Print _____

Address _____

Parent Name - Please Print _____

Date _____

I am the parent or legal guardian of the minor named above and have legal authority to execute the above release. I approve of the foregoing and waive any rights in the premises.

Paren/Guardian Signature _____

FARE Food Allergy Research & Education — FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: ☐ Yes (higher risk for a severe reaction) ☐ No

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following foods: _____

THEREFORE:

☐ If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.

☐ If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted.

FOR **ANY** OF THE FOLLOWING:

SEVERE SYMPTOMS

LUNG
Short of breath, wheezing, repetitive cough

HEART
Pale, blue, faint, weak pulse, dizzy

THROAT
Tight, hoarse, trouble breathing/ swallowing

MOUTH
Significant swelling of the tongue and/or lips

SKIN
Many hives over body, widespread redness

GUT
Repetitive vomiting, severe diarrhea

OTHER
Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION of symptoms from different body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell them the child is having anaphylaxis and may need epinephrine when they arrive.

- Consider giving additional medications following epinephrine:
  - » Antihistamine
  - » Inhaler (bronchodilator) if wheezing
- Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport them to ER even if symptoms resolve. Person should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS

NOSE
Itchy/runny nose, sneezing

MOUTH
Itchy mouth

SKIN
A few hives, mild itch

GUT
Mild nausea/ discomfort

FOR **MILD SYMPTOMS** FROM **MORE THAN ONE** SYSTEM AREA, GIVE EPINEPHRINE.

FOR **MILD SYMPTOMS** FROM **A SINGLE SYSTEM** AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand: _____

Epinephrine Dose: ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

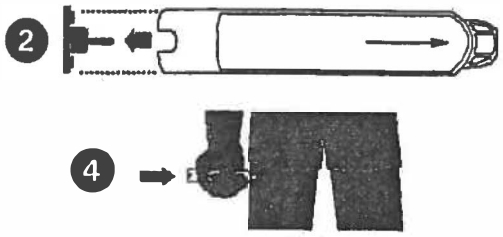
_____

FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (WWW.FOODALLERGY.ORG) 5/2014

FARE Food Allergy Research & Education — FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

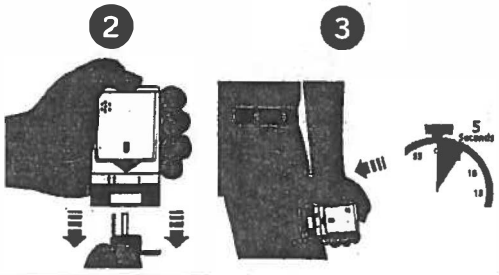
EPIPEN® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the plastic carrying case.
2. Pull off the blue safety release cap.
3. Swing and firmly push orange tip against mid-outer thigh.
4. Hold for approximately 10 seconds.
5. Remove and massage the area for 10 seconds.



AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS

1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
2. Pull off red safety guard.
3. Place black end against mid-outer thigh.
4. Press firmly and hold for 5 seconds.
5. Remove from thigh.



ADRENACLICK®/ADRENACLICK® GENERIC DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle penetrates.
5. Hold for 10 seconds. Remove from thigh.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Note: ONLY Epinephrine and Asthma inhaler will go on a field trip.

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____

PHONE: _____

NAME/RELATIONSHIP: _____

PHONE: _____

PARENT/GUARDIAN AUTHORIZATION SIGNATURE DATE PHYSICIAN/HCP AUTHORIZATION SIGNATURE DATE

FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (WWW.FOODALLERGY.ORG) 5/2014

Anaphylaxis and Epinephrine Auto Injector Authorization Form

Camp staff, with parent/legal guardian consent, will assist campers requiring an EpiPen injection. All campers must be able to administer their own EpiPen; however, this authorization form is for instances where the camper is physically unable to administer it themselves. This form must be completed by a parent or legal guardian and returned to the Community Center by **June 1, 2026.**

Specific allergen(s) to camper	
Signs and symptoms when exposed to allergen	
Can the camper self-administer an EpiPen?	☐ Yes ☐ No
Severity of anaphylaxis reaction	
Storage preferences for medication	
Expiration Date	
Prescribing Physician's name	
Office address and telephone number	

Parent/Legal Guardian Signature: _____ Date: _____

Name of Camper: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Legal Guardian Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

PARENT/LEGAL GUARDIAN CONSENT

I recognize that although there may be certain risks or hazards to administering an EpiPen, it may be necessary for a Camp LMT staff member to assist with administering an EpiPen in order to prevent injury or death. I understand that an EpiPen will not be administered unless a staff member has determined that waiting for the arrival of myself, another parent or guardian, or emergency medical services would be more dangerous to the health or welfare of my child than immediately assisting my child with the EpiPen. I authorize Camp LMT staff to assist my child in administering his or her EpiPen in accordance with Camp LMT policies and the instructions that I have included in this form and I fully acknowledge and agree that I will not hold Camp LMT, Lower Makefield Township, or any of its staff, volunteers, or members responsible for any adverse reaction, including bodily injury or death.

Parent/Legal Guardian Signature: _____ Date: _____