Child’s name: ___________________________ Date: ________________

Parental Information Agreement
I have read the Parental Information and agree to its contents Date: ________________

____________________________
Parent/Legal Guardian Signature

Pick-up List
For your child’s safety, we request that you list all people with permission to pick-up your child. Include yourself. Please note that we will be asking for identification before a camper is released to their caregiver. Thank you for your cooperation.

Name/Relationship
1) ________________________________
2) ________________________________
3) ________________________________
4) ________________________________
5) ________________________________

Permission to Administer Medication Form
If your child is bringing any medication to camp, including inhalers or Epipens, you must fill in the information below. Medication must be in the pharmacy container or original packaging with the child’s full name written on it in permanent ink and be given to staff. STAFF WILL NOT ADMINISTER MEDICATIONS.

Name of Medication 1) ________________________________ Amount of each dose _________

Dosage to be given to child _________ Frequency of Medication ________________________________

Time(s) Medication is given ________________________________ Refrigeration needed? Yes ___ No ___

Reason for Medication ________________________________

I hereby give permission for my child to take the medication listed above.

____________________________
Parent/Legal Guardian/Signature Date