



# Parental Agreement and Related Information

Please bring this sheet on the first day of camp

Child's name: \_\_\_\_\_ Date: \_\_\_\_\_

## Parental Information Agreement

I have read the Parental Information and agree to its contents Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian Name Printed

\_\_\_\_\_  
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 \_\_\_\_\_

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