

Parent/Legal Guardian Form

I give permission for my child to receive emergency treatment. I understand that every attempt will be made to contact me, or the emergency contact named below, before taking this action.

Primary Emergency Contact Name & Phone # (include area code): _____

Secondary Emergency Contact Name & Phone # (include area code): _____

Parent/Guardian Signature: _____ Date: _____

3. Persons Permitted to Retrieve Your Child From Camp

Please let us know if there are special arrangements or restrictions for early dismissal or retrieving your child at the end of camp each day or at the end of an overnight camp session.

Name of the person or persons to whom we may release your child: _____

Is there additional information that we need to know? (For example, if your child is named as a “protected person” in an order of protection or civil restraining order, you may inform us and provide us with a copy of the document.)

