Name of Camper:____________________________________

Week(s) that you are Attending:____________________________________

Person(s) authorized to drop off/pick up this child (list name/phone number):

Person(s) NOT authorized to drop off/pick up this child:

My child is allergic to the following foods:

I would like the camp staff to be aware of the following medical conditions/concerns:

Is there anything else you would like us to know about your child? How can we help your child have a successful experience? (Please use the back of this page if needed.)

Parent/guardian signature____________________________________