Emergency Medical Information & Parent Agreement Pleeseno(e)]TelsisTeDis(n)St (c))Thip TeteETh less has for 6416.8uf504119602661766 AcqUanceSOT flideO4 0 0 11.04 319.08 66

Camper'sName

Nickname:

Date

Codeof Conduct

Children and parents should review this required document together and sign below.

Childrenmust:

х

PickUp Authorization

Camper'sName		
CheckCampSession(s): † Session1 (Aug15-19) † Session2 (Aug22-26)		
List those individuals authorized to pick up your child (include yourself). Your child will be permitted to leave with these individuals only and phone identification will be required at sign-out.		
Relationshipto Child	PhoneNumber	
Nameof person(s)NOTauthorized to pick up a child (appropriate custody papers shall be attached if parent is not allowed to pick up the child):		
	I (includeyourself). Yourchild will be required at signout. Relationshipto Child	

Parent/GuardianSgnature: _____Date: _____Date: ______Date: _____Date: _____Date: _____Date: ______Date: ______Date