

Additional Camp Form



REQUIRED ADDITIONAL CAMP FORM

(PLEASE PRINT)

LAST NAME _____ GRADE (FALL 2018) _____

FIRST NAME _____ DATE _____

CAMP(S) ATTENDING _____
(i.e. Camp Mansfield, Basketball Camp, etc.)

SESSION(S) ATTENDING _____

*****This form, along with a general registration form, must be completed before your child will be registered for all camps*****

Grouping requests and camper self-sign in/out permission

Group Request: We are happy to group campers with friend/relative who will be in the same grade in the Fall when possible.

Please group with a friend or relative,
Friend/Relative's Name _____

Camper Sign In/Out (entering grades 6 and up only): My child _____ **IS** allowed to sign himself/herself in and out of camp each day. I realize he/she may **NOT** sign other children (including siblings) in/out.

Parent/Guardian Signature _____ Date _____

Health Information (information is confidential to Camp Staff)

1. Describe any current health conditions requiring medication, treatment, or special restrictions or considerations while at camp.

The camp Nurse may administer approved medication during the camp day in accordance with town policy. Campers are not allowed to carry their own medications, with the exception of inhalers and epipens. Self-administration of epipens and asthma inhalers require a self-administration of medication form to be completed. Forms available upon request and must be completed at least 5 working days (M-F) in advance

2. Please list any camper allergies (food, bee stings, medications, etc.) _____

3. Does the camper need special assistance or have any physical, sensorial, social, behavioral or developmental limitation **If yes, a "Special Assistance" form must be filled out 15 days before attending camp.** Please request the special assistance form at the Community Center. Also contact the camp director prior to your child starting camp.

To the best of my knowledge, the above information is up to date and correct.

Parent/Guardian Signature: _____ Date: _____