

# CAMPER INFORMATION FORM

CHILD'S NAME: \_\_\_\_\_



At the end of each day, my child will return home by;

- Taking the Bus (on their own)
- Walking Home (on their own)
- Being Picked Up

The following people are permitted to pick up my child:

(Each person must be prepared to show Photo ID when arriving for pick up).

Name	Phone	Relationship

## Allergies or Medical Concerns

- YES
- NO

ALLERGIES/MEDICAL CONCERNS:

**\*If allergies or medical concerns are present, please fill out the accompanying medical information form to provide camp staff with specific details.**

## Permission for Photos

- YES
- NO

**\*\*\*Permission to be photographed by media or the Town of Cobourg, for newspaper, newsletters, websites of the Town of Cobourg and/or Cobourg Community Centre or promotional materials.**

## Permission for Snacks/Treats

- YES
- NO

COMMENTS/DETAILS:

**\*\*\*Should one of the camp activities involve food or snacks, I give permission for my child to participate (specific details regarding food allergies should be documented on Medical Information sheet).**

By signing below I agree that while precautions will be taken to keep my child injury free, I understand that accidents do happen and accept full responsibility for any costs related to any accident or injury. I also authorize emergency medical treatment for my child in the event of accident or illness during the excursion.

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_