Mariposa Day Camp Camper Sign-in / Sign-out Sheet

Child's Name:]	Session:		Dates:		
Emergency Contact: Name:				Phone #:				
Does your child have an allergy that requires an epi-pen? No Yes,								
Age Level: (Circle one)Daisy (going into 1st grade)Brownie (2nd-3rd)Junior (4th-5th)Cadette (6th)Program Aide (7th-12th)								
In				Out				
Is camper attending Extended AM Care? Y N			/	Is camper attending Extended PM Care? Y N				
Day	Time In	Adult Signature		Day	Time Out	Adult Signature		
Monday				Monday				
Tuesday				Tuesday				
Wednesday				Wednesday				
Thursday				Thursday				
Friday				Friday				

Please list the name and phone number of all adults who are authorized to pick up your child. **Be sure to list yourself, family members and carpool adults. Girls will not be released to anyone who is not on the list**. *Photo ID checks will be done throughout the summer.*

Name

Phone Numbers

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Date/Time Health Problem or Concern Health Care Provided (Print Full Name & Sign)	Daily Medication /Health Record (for camp use only)							
	Date/Time			Treated By				
				(Frint Fuil Name & Sign)				