

Camper Name:

Name:

Phone #:

Relation to Camper:

Does your child have an allergy that requires an epi-pen? No Yes, _____

(Circle one) Permission Granted Permission Declined

I consent for my camper to be photographed as part of the weekly group photo.

(Circle one) Permission Granted Permission Declined

Age Level: (Circle one) Brownie (1st-3rd) Junior (4th-5th)

Cadette (6th-8th)

CIT (9th-12th)

Extended Care: (Circle all that apply)	AM Care	PM Care	None
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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

Marine Landing Day Camp
Camper Sign-in / Sign-out Sheet

Camper Name:

Session:

Dates:

<i>In</i>		
Day	Time In	Adult Signature
Monday		
Tuesday		
Wed.		
Thursday		
Friday		

<i>Out</i>		
Day	Out	Adult Signature
Monday		
Tuesday		
Wed.		
Thursday		
Friday		

Daily Medication /Health Record (for camp use only)

Date/Time	Health Problem or Concern	Health Care Provided	Treated By (Print & Sign)