

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

Camper Name:

Emergency Contact Information

Name:

Phone #:

Relation to Camper:

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

Photo Permission: I give consent for my camper to be photographed, video taped, or electronically imaged for Camp Mariposa's private Instagram page.

(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) Daisy (K-1st) Brownie (2nd-3rd) Junior (4th-5th)

Cadette (6th-8th)

Program Aide (7th-8th)

CIT (9th-12th)

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

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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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		

Please Initial _____ when you have received you badge, patch, and star for the week.

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