

Medication Form

PLEASE PRINT CLEARLY

FUN FITNESS FRIENDSHIPS.	
Camper's Information	
Name	Date
I authorize the Whitin Communto the above named camper.	nity Center's staff to administer
A dosage of	is to be given at for for
Do you want the pill container	r returned? Yes No
Parent/Guardian Informatio	n
Home#	Signature Cell# Email
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PLEASE PRINT CL Camper's Information Name	
PLEASE PRINT CL Camper's Information Name I authorize the Whitin Community to sign him/herself out of camp. As a parent/guardian, I am fully over. At no time will I hold the White Camp will I hold the White	Date y Center's summer camp counselor to let my child be able aware that my child will be unsupervised after the camp is itin Community Center liable for my child's whereabouts after whitin Community Center's summer staff, a child WILL NOT be
PLEASE PRINT CL Camper's Information Name I authorize the Whitin Community to sign him/herself out of camp. As a parent/guardian, I am fully over. At no time will I hold the White camp is over. On behalf of the W	Date y Center's summer camp counselor to let my child be able aware that my child will be unsupervised after the camp is itin Community Center liable for my child's whereabouts after whitin Community Center's summer staff, a child WILL NOT be in.
PLEASE PRINT CLE Camper's Information Name I authorize the Whitin Community to sign him/herself out of camp. As a parent/guardian, I am fully over. At no time will I hold the Whicamp is over. On behalf of the Wareleased without this signed form Parent/Guardian Information	Date y Center's summer camp counselor to let my child be able aware that my child will be unsupervised after the camp is itin Community Center liable for my child's whereabouts after whitin Community Center's summer staff, a child WILL NOT be n. Signature Signature
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Additional Emergency Contact (In case parent/guardian cannot be reached)		
Name	Relationship	
Home#		
Work#	Email	
Name	Relationship	
Home#	Cell #	
Work#	Email	