



Medication Form

PLEASE PRINT CLEARLY

Camper's Information

Name _____ Date _____

I authorize the Whitin Community Center's staff to administer _____
to the above named camper. **Name of medication**

A dosage of _____ is to be given at _____ for _____
Dosage Amount **Time(s)** **Day(s)**

Do you want the pill container returned? Yes No

Parent/Guardian Information

Name _____ Signature _____

Phone 1 _____ Phone 2 _____

Phone 3 _____ Email _____



Self Dismissal Form

PLEASE PRINT CLEARLY

Camper's Information

Name _____ Date _____

I authorize the Whitin Community Center's summer camp counselor to let my child be able to sign him/herself out of camp.

As a parent/guardian, I am fully aware that my child will be unsupervised after the camp is over. At no time will I hold the Whitin Community Center liable for my child's whereabouts after camp is over. On behalf of the Whitin Community Center's summer staff, a child WILL NOT be released without this signed form.

Parent/Guardian Information

Name _____ Signature _____

Phone 1 _____ Phone 2 _____

Phone 3 _____ Email _____

Camp Whitin Staff _____



Additional Emergency Contacts Form

PLEASE PRINT CLEARLY

Additional Emergency Contacts (In case parent/guardian cannot be reached)

Name _____ Relationship _____

Phone 1 _____ Phone 2 _____

Name _____ Relationship _____

Phone 1 _____ Phone 2 _____