



Camp West Creek Registration Form

_____ has permission to participate in Camp West Creek.
(Student)

Location: Gateway School
Date(s): June 12 – June 16
Time: 9:00 AM – 12:00 PM

The camp will be taught by Jenni Warnock and Madonna Dormaier.

I have indicated below any medical/personal information regarding my child which the sponsor(s) should be aware of. (This information will be kept confidential.) I also acknowledge that my child will be expected to abide by district, school policies, rules, and regulations.

In case of an emergency, I grant permission for emergency procedures/ hospitalization to be provided for my child.

_____ My child **has no** medical concerns and **will not** require medication to be available while attending the camp.

_____ My child **does have** a medical concern and will require medication to be available while attending the camp. Examples may include: epi-pens, inhalers, oral medications, or diabetic supplies. Please list your child's medical/personal information or needs: _____

**** Please apply sunscreen to your child prior to our camp day to help prevent any sunburn.**

NOTE: For the camp, parents will supply the medication and directions for administering it for the full length of the camp.

Please complete the following:

Home Phone: _____ Work Phone: _____
Physician's Name and Phone: _____

Name and phone of two (2) relatives or friends to contact if parents cannot be reached in the event of an emergency:

Name: _____ Phone: _____
Name: _____ Phone: _____

This permission slip must be returned to Madonna Dormaier by May, 5th 2017.

Signature of Parent/Guardian

Date

Large empty rectangular box for additional information or notes.