

## CAMP PICK-UP PERMISSION FORM

Child(ren)'s Name(s): \_\_\_\_\_

Parent/Guardian's Name(s): \_\_\_\_\_

Parent/Guardian's Phone Numbers: \_\_\_\_\_

Person(s) other than parents/guardians permitted to pick-up the child from camp:  
\_\_\_\_\_

*All persons picking up the child will be required to provide photo identification*

Camper is allowed to walk home independently: Y / N

*If yes, please submit written consent to the day camp staff*

Medical concerns/medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please complete a Participant Medication form if your child requires a prescription medication during camp hours. Medication must be in original labelled prescription container. Staff will not administer medication, but will ensure that the child takes their prescribed medication at the specified time.*

Allergies: \_\_\_\_\_ Epi-Pen: Y / N

*Please be advised that epi-pens are to be on the child at all times throughout the day.*

Dietary restrictions:  
\_\_\_\_\_  
\_\_\_\_\_

Any additional information or instructions:  
\_\_\_\_\_  
\_\_\_\_\_

Emergency contact name(s) and phone number(s):

1. \_\_\_\_\_

2. \_\_\_\_\_

I hereby give permission for camp staff to:

- Assist in the application of sunscreen products and/or bug repellent throughout the day (campers are expected to supply their own sun care and bug repellent products)
- Use of photos taken during any Department program or activity for the promotion of Leisure Services.

*All personal information on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and Municipal Act, 2001 and will be used for the purposes of the Camper Pick-Up Permission Form. Questions regarding this collection may be directed to the Manager of Recreation & Client Services, Leisure Services, 471 West Park Avenue, Bradford, ON, L3Z 0J3, 905-775-7529.*

Release: In consideration of the acceptance of this Camper Pick-Up Permission Form sponsored by the Community Services Department, Town of Bradford West Gwillimbury, I hereby forever discharge the Corporation of the Town of Bradford West Gwillimbury, its employees, agents, officers, from all claims, damages, costs, and expenses in respect to injury or damage to my person or property, however caused, which may be sustained as a result of participation in Camp.

Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_