

Child Overnight Camp Consent Form

Child Information

Child's Full Name

Date of Birth

Age

Address

Allergies or Medical Conditions

Medications Required

Parent/Guardian Information

Parent/Guardian Name

Phone Number

Email Address

Emergency Contact Name

Emergency Contact Phone

Relationship to Child

Consent and Authorization

- ☐ I give permission for my child to attend and participate in the overnight camp activities.
- ☐ I authorize camp staff to provide first aid and seek medical attention in an emergency.
- ☐ I have provided accurate and complete health and contact information.

Parent/Guardian Signature

Date