

Camp Robin Hood 2017

OVERNIGHT PERMISSION FORM

CAMPER NAME: _____

I, (please circle) give / do not give permission for my child to stay on the overnights circled below:

Date (circle dates)	Grade Completed	Permission Form Due Date	Special Information	Location	Cost
Thursday, July 6	2 & 3 H&A Campers	Tuesday, July 4	Mandatory for Home & Away Campers	CRH	\$0.00
Thursday, July 13	2 & 3	Tuesday, July 11	Inter Boys & Inter Girls	CRH	\$50.00
Wednesday, July 26	2 & 3	Monday, July 24	Inter Boys & Inter Girls	CRH	\$50.00
Monday, July 24	4 - 7	Thursday, July 20	Senior Boys & Senior Girls	CRH	\$50.00
Thursday, August 17	2 - 7	Tuesday, August 15	Inters & Seniors	CRH	\$50.00
Total =					

TYPE OF PAYMENT: ___ CHEQUE (payable to Camp Robin Hood Ltd.) ___ CASH

PLEASE INDICATE ALL MEDICAL CONCERNS, MEDICATIONS AND THEIR DOSAGES BELOW.
CONCERNS:

	<u>MEDICATION</u>	<u>DOSAGE</u>	<u>TIME OF DOSAGES</u>
1.	_____	_____	_____
2.	_____	_____	_____

N.B.: MEDICATIONS MUST BE INCLUDED WITH THIS FORM IN THEIR ORIGINAL CONTAINERS. A 2017 HEALTH HISTORY MUST BE IN CAMP.

My camper may be given (check all that are appropriate) Tylenol Advil Benadryl, as per the package directions, if needed.

Medication will be given by the section head or Registered Nurse.

PARENT'S SIGNATURE: _____

REMINDERS

1. ALL FORMS MUST BE RETURNED VIA BUS MAIL AND ACCOMPANIED BY ANY MEDICATIONS BY THE DEADLINE.
2. PLEASE RETURN THIS FORM DIRECTLY TO YOUR BUS COUNSELLOR – DO NOT PUT THIS FORM IN YOUR CAMPER'S BAG
3. **PLEASE NOTE:** TO REGISTER FOR THE WALDEN LONG WEEKEND, PLEASE VISIT THE WALDEN WEBSITE – WWW.CAMPWALDEN.CA.