

Camp Robin Hood 2018

OPTIONAL * 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
Monday, July 9	2 & 3	Thursday, July 5	Inter Boys & Inter Girls	CRH	50.00
Thursday, July 12	4 – 7	Tuesday, July 10	Senior Boys & Senior Girls	CRH	\$50.00
Wednesday, July 25	2 & 3	Monday, July 23	Inter Boys & Inter Girls	CRH	\$50.00
Thursday, August 2	2 & 3	Tuesday, July 31	Inter Boys & Inter Girls	CRH	\$50.00
Thursday, August 16	4 – 7	Tuesday, August 14	Senior Boys & Senior Girls	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 2018 **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

- ALL FORMS MUST BE RETURNED VIA BUS MAIL AND ACCOMPANIED BY ANY MEDICATIONS BY THE DEADLINE.
- PLEASE RETURN THIS FORM DIRECTLY TO YOUR BUS COUNSELLOR – DO NOT PUT THIS FORM IN YOUR CAMPER'S BAG
- *THE OVERNIGHT MIGHT NOT BE BENEFICIAL TO ALL CAMPERS. IT IS AT THE DISCRETION OF THE DIRECTORS TO DETERMINE IF PARTICIPATION IN THIS PROGRAM IS RIGHT FOR YOUR CAMPER. (NEW FOR 2018)***