

SPECIAL CONSIDERATIONS:

Does your child have any special health or behavioral considerations which might affect him/her during his/her stay at CEDAR LODGE? If yes please state below and elaborate.

This is to certify that my child has no health or behavioral problems which require special considerations.

Signed _____ Date: _____

CELL PHONES:

I understand that Cell phones are not allowed at Cedar Lodge. My camper will not have a cell phone with them during their stay at Cedar Lodge.

Signed: _____ Date _____

PERMISSION TO LEAVE CAMP:

I hereby give permission for my child _____ to leave CAMP CEDAR LODGE on visitor's day with other camper's parent if I am not able to visit.

In addition I give permission for _____ to pick up the above named child for a visitor's day visit, and/or to bring the camper back to our home at the end of the camping period.

PARENT OR GUARDIAN: _____

Date: _____

MEDICAL INSURANCE INFORMATION:

POLICY NUMBER _____ GROUP/COMPANY _____

ADDRESS _____

CITY

STATE

ZIP