

CAMPER CHECK OUT INFORMATION

Please provide the names and information for anyone who may pick up your child (including car pool drivers). Campers will be released to the people listed on this form. The individuals may be asked to provide identification at check-out. If it is necessary for someone else to pick-up your child, please send a note or call the camp directly at 203-869-6633. We ask for your cooperation and patience with this procedure since its purpose is to ensure your child's safety.

Camper's Name: _____

Guardian's Name: _____

Contact Numbers: Cell: _____

Work: _____

Home: _____

The following people have permission to pick up my son from Camp Seton:

NAME	CONTACT #	RELATIONSHIP TO CAMPER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

AUTHORIZATION TO ADMINISTER MEDICATION

I give my permission for the camp Health Officer/Nurse to administer the following over-the-counter and stock medications as directed by the Camp Physician in the Camp Standing Orders. The Greenwich Council's policies on medications at day camp are written to comply with the National Standards of the Boy Scouts of America and the State of Connecticut Health Department.

If you do not wish to have any of the following medications administered, please cross out and initial.

- Bacitracin/Neosporin/Hydrogen peroxide topically as needed
- Benadryl by mouth, per weight/age dosing as needed, per package directions
- Tylenol by mouth, per weight/age dosing as needed every 4-6 hours
- Advil by mouth, per weight/age dosing as needed every 6-8 hours
- Sunscreen topically, as needed
- Bug repellent topically, as needed every 2-4 hours
- Calamine, topically as needed every 2-4 hours
- Solarcaine/Aloe Vera topically as needed every 2-4 hours
- Epi-pen as needed/per package directions

Signature _____ Date: _____