

Glenbrook Overnight Permission Form

**** Please print out a separate copy of this form for each child you are signing up for either of the overnights, and affix the \$25 cost if you are paying with cash or a cheque ****

..... has my permission to stay on the overnight this week.
(Camper's Name)

My child would like to stay overnight on Thursday July 7, 2011:

My child is in M F
(Group Name)

Food allergies or dietary concerns:.....
.....

Any other concerns (i.e. sleepwalker, bed wetter):.....
.....
.....

Will the camper be taking any medication while participating in the overnight?

No_____ Yes_____

Name of Medication.....

Dosage.....

Time(s).....

Please send medication in its original bottle to be given to the camp nurse upon arrival at camp on Thursday morning.

Evening Contact (Name):.....

Evening Phone Number:

****** Please note, if your child is distressed and we are unable to console them, we will call you regardless of the time ******

.....
Parent/Guardian Signature