

# 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 on Thursday   
(Camper's Name) August 18, 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