

***If you need the staff to administer medication during the after-school/break camp hours, the original container with the prescribed instructions accompanying the medication and be given to the school by the parent or guardian.**

***If your child has known allergies, please make sure that the sufficient medication or epi-pens etc. are accompanying your child, and that you have signed # 5 up above.**

To the best of my knowledge, my child) is in good health and is physically able to participate in all activities, except as previously indicated. If there are any changes during the camp Gail will be made aware at that time.

Parent or Guardian Signature

Date