

# New Canaan YMCA Vacation Camp Permission Slip

**All Participants must currently be in Grades K through 6**

**Permission Slip Required for NON-KU Participants**

I give \_\_\_\_\_ permission to participant in the Vacation Camp program at the New Canaan YMCA and travel via bus if  
(Child's first and last name)

scheduled to do so. I also give permission for the YMCA staff to administer minor first aid treatment if necessary and/or to order emergency medical treatment at the nearest hospital should the need arise.

**Enrollment Dates: Please check the dates you are enrolling your child**

\_\_\_Sept 18,2020 \_\_\_Sept 28,2020 \_\_\_Nov 3, 2020 \_\_\_Jan 18, 2021 \_\_\_Feb15, 2021 \_\_\_Feb 16, 2021 \_\_\_Feb 17, 2021  
\_\_\_Feb18, 2021 \_\_\_Feb 19, 2021 \_\_\_April 5, 2021 \_\_\_April 6,2021 \_\_\_April 7, 2021 \_\_\_April 8, 2021 \_\_\_April 9,2021

**CHILD'S INFORMATION:**

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Child's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Child's Home Telephone # \_\_\_\_\_

**PARENT/GUARDIAN'S INFORMATION:**

Name (First & Last) \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Employer Name/Company \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone # \_\_\_\_\_ Ext \_\_\_\_\_

**PARENT/GUARDIAN'S INFORMATION:**

Name (First & Last) \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Employer Name/Company \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone # \_\_\_\_\_ Ext # \_\_\_\_\_

**HEALTH CARE/INSURANCE INFORMATION:**

Child's Physician: \_\_\_\_\_ Phone \_\_\_\_\_  
Child's Dentist: \_\_\_\_\_ Phone \_\_\_\_\_  
Insurance Co. \_\_\_\_\_ Insurance Policy # \_\_\_\_\_  
Hospital Preference \_\_\_\_\_

**ADDITIONAL INFORMATION:** Are there any special situations you would like us to be aware of in order to best accommodate your child (ie: medical, behavioral, developmental, social, family?) \_\_\_\_\_

**FOOD OR MEDICATION ALLERGIES:**

\_\_\_\_ Yes/No-Does your child have any food or medication allergies? If yes, please list allergies below.

If yes, a Medication Administration form including a protocol must completed by a doctor must be submitted before camp begins.

Any questions please contact Suzy Pfeifer at 203-920-1649 or [spfeifer@newcanaanymca.org](mailto:spfeifer@newcanaanymca.org)

**YMCA VACATION STAFF DO NOT TAKE PARTICPANTS TO OTHER YMCA CLASSES OR ACTIVITIES**