

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 7, 2021 ___Sept 16, 2021 ___Nov 2, 2021 ___Jan 17, 2022 ___Feb 21, 2022 ___Feb 22, 2022 ___Feb 23, 2022
___Feb 24, 2022 ___Feb 25, 2022 ___April 8, 2022 ___April 11, 2022 ___April 12, 2022 ___April 13, 2022 ___April 14, 2022

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

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