

WYONEGONIC CAMPS – 215 WYONEGONIC RD – DENMARK, MAINE 04022

***PH 207-452-2051 *FAX 207-452-2611 * info@wyonegonic.com * www.wyonegonic.com ***

Camper Name (s) _____ **Session** _____

Parent Name(s) _____

PERMISSION FORM

One per FAMILY, please

Please check appropriate boxes below:

- | Yes | No | Optional | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I request that my child attend Catholic Mass in the neighboring town of Bridgton, Maine |
| <input type="checkbox"/> | <input type="checkbox"/> | | Our name may be given as a reference to prospective families |
| <input type="checkbox"/> | <input type="checkbox"/> | | Permission is granted to use my child's photograph (not identified by name) in future camp promotional materials |
| <input type="checkbox"/> | <input type="checkbox"/> | | Permission to horseback ride; if YES, the other side of this form must be <u>completed and signed</u> |

Winona: Please list current relatives at Winona (campers or staff) for Sunday visitation information:

Bunk requests: We request **separation** from _____

(Many factors are used in setting up cabin groups. An attempt is made to split campers who would benefit from separation in the small confines of the cabin. No promises on camper requests are made)

Visitation: We expect to visit on _____
If plans are not firm now, please notify camp later – no over-nights are permitted.)

IF WE DO NOT visit, my child has permission to leave camp with the following **FAMILY RELATIVE:**

Name _____

Family Relationship _____

Written permission is mandatory in advance

Parent contact information:

Please provide us with best contact information while your daughter is at Wyonegonic.

Best phone: _____ Summer Email: _____

We know that we will not be at our home phone during the following dates: _____

Emergency contact name: _____ Relationship: _____ Phone: _____

Health form updates: Our nurses screen children immediately upon their arrival. They will need an update regarding any changes since the completion of the health form. Please inform us of any contagious illness or exposure to head lice. **All medication must be taken to the Health Center and logged in with the nurses.** All prescribed medication needs to be in the original bottle with the recommended dosage and the doctor's name. International medication needs to come with English translation. Please list any medications prescribed or changed since you have sent in your daughter's health form:

Parent/Guardian signature _____ Date: _____