

CAMP TOTOKETT
Killam's Point, Branford, Connecticut
July 30 - August 3, 2018
CAMPER PERMISSION FORM

I give my permission for (**Camper's Name**) _____

to attend Camp Totokett and to participate in all activities including transportation to and from camp, except as noted by the Licensed Health Care Provider.

The Camp Director reserves the right to send the Camper/Counselor home if illness or other significant reason so dictates.

I give permission to the medical personnel/director to order/administer medical treatment, release medical records for insurance purposes, and provide or arrange necessary transportation.

Signature _____

If any action is required, I may be reached at:

Phone# _____ **Address** _____

If I cannot be reached, the following person has consented and has permission to care for the Camper:

Name: _____

Address: _____

Phone# _____

Print Name: _____

Signature of Parent/Guardian: _____

Mail or fax your completed form to: CAMP TOTOKETT, First Congregational Church,
1009 Main Street, Branford, CT 06405 Fax #: (203) 483-5237

If you have any questions or concerns, please do not hesitate to contact us!

Email: camptotokett@gmail.com

Phone: (203) 483-5237