

**CAMP TOTOKETT**  
**Killam's Point, Branford, Connecticut**  
**July 29 - August 2, 2019**  
**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:** \_\_\_\_\_

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

**Email:** [camptotokett@gmail.com](mailto:camptotokett@gmail.com)

**Telephone:** (203) 488-7201