

Camp Lookout 2010

Child's Name _____

Persons who have permission to pick up your child at the end of the day:

Persons who are restricted from picking up child:

If your child is stung by a bee or other stinging insect and you would like for the Children's Director to give your child Children's BENADRYL Allergy Liquid please sign the following waiver.

I give the Children's Director permission to give my child Children's BENADRYL Allergy liquid.

Parent's Name _____

Date _____