



## New Leaf Summer Camp Information

**Child's name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

There will **NOT** be a registered nurse on site during our summer programs. If your child requires emergency treatment, the following information may be necessary:

**Allergies:**

\_\_\_\_\_

**Dietary Restrictions:**

\_\_\_\_\_

**Current medications:**

\_\_\_\_\_

Does your Child Nap? \_\_\_\_\_

Do you want your child to nap at camp? \_\_\_\_\_

How long do they usually sleep? \_\_\_\_\_

Do they tend to have accidents during sleep? \_\_\_\_\_

### **Authorization:**

I understand that in case of illness or injury, the parent(s) will be notified immediately. If emergency treatment is necessary, my child will be transported to Cayuga Medical Center's Emergency Room. I give permission for the attending physician to give emergency treatment, including but not limited to anesthesia, injections, and x-rays if necessary.

Parent/Guardian's  
signature \_\_\_\_\_

Date \_\_\_\_\_



## End of Day Pick-Up Plans

Please return this form telling us about your end of day pick-up plans.

Please tell us any changes to these plans by contacting your camp director. Please come to the camp door anytime between 3:00 and 3:30 for pick up.

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_