



Authorized Designated Drop Off/Pick-up and Policies Consent Form

Camper Name: _____ Age: _____ Dates of Camp: August 6 - 10, 2018

If Parent or Legal Guardian are not able to Drop Off/Pick up camper, the following individuals are authorized to do so:

Main Drop Off/Pickup

Designee's Name: _____ Phone: _____ Relation to Camper: _____

Alternate Drop Off/Pickup

Designee's Name: _____ Phone: _____ Relation to Camper: _____

2016 Hospital for Special Care Ivan Lendl Adaptive Sports Camp Drop off/Pick up Policy

- As a preventative measure, Hospital for Special Care requires all on-site program participants without a parent/guardian present to have a signed **Authorized Designated Drop off/Pickup Consent Form**, so we have knowledge of who is authorized to transport each camper.
- Hospital for Special Care Ivan Lendl Adaptive Sports Camp requires **ALL parents/guardians or those individuals Authorized above to sign-in and sign-out campers** at the registration area each day. Campers age 18 and over are allowed to sign themselves in and out.

Hospital for Special Care Ivan Lendl Adaptive Sports Camp is designed to promote a healthy, safe and educational environment for all children to enjoy a summer camp experience. These policies are in place so that all campers know they are expected to behave well, listen to the camp counselors and contribute to a positive and fun environment for everyone.

Sick Policy: For the safety and health of all of our summer campers and staff, all camp participants must come to camp healthy and stay home if they are sick. Any child, attending camp that appears visibly ill upon check in or during the course of the day, will be sent home immediately. Please **do not** bring your child to camp if he or she has any of the following ailments or illnesses.

- Any contagious diseases such as Pink Eye, Chicken Pox, Measles, etc.
- Excessive Coughing, Excessive Runny Nose or Sore Throat
- Fever/Chills (99° or higher)
- Vomiting
- Skin rash* or open sores* (*unless we have doctor's written clearance that condition is not contagious,)

Signature of Parent/Legal Guardian: _____

Printed Name of Above Individual: _____