



# Waiver Form 2019

Child's Full Name:

\_\_\_\_\_

## First Aid Policy

I (Parent/Guardian's name) \_\_\_\_\_  
DO  DO NOT  give permission for staff of Camp ChAOS to administer first aid treatment to  
(child's name) \_\_\_\_\_ as required.

Signed:

Date:

## Off Site Permission

I (Parent/Guardian's name) \_\_\_\_\_ hereby give my  
consent to allow (child's name) \_\_\_\_\_ to go off site with  
supervision (eg. Gymnasium, playground, neighborhood walk, bus trip to zoo).

Signed:

Date:

## Alternative Pickup Arrangments

I (Parent/Guardian's name) \_\_\_\_\_ hereby give permission  
for Camp ChAOS to release (child's name) \_\_\_\_\_ to the following list  
of people; (Please list full name and phone number of others picking up your child during the week of  
camp).

Name & Phone Number of Alternate #1:

Name & Phone Number of Alternate #2:

Signed:

Date:

