

**THE BARTON CENTER FOR DIABETES EDUCATION, INC.**

**WORCESTER DAY CAMP PARENT CONSENT FORM**

**CAMPER NAME** (please print): \_\_\_\_\_

**PARENT/GUARDIAN NAME** (please print): \_\_\_\_\_

**PLEASE PRINT YOUR CHILD’S NAME AND YOUR NAME IN THE SPACE ABOVE. PLEASE SIGN AND DATE EACH SECTION LISTED BELOW.**

**SUNSCREEN:** I have supplied sunscreen for my child’s use and give permission for Barton Center camp counselors to supervise and/or assist with its application according to camp protocols. (In the event I forget to supply sunscreen, my child may use The Barton Center’s sunscreen.)

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**INSECT REPELLENT:** I have supplied insect repellent for my child’s use and give permission for Barton Center camp counselors to supervise and/or assist with its application according to camp protocols. (In the event I forget to supply insect repellent, my child may use The Barton Center’s insect repellent.)

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**HAND SANITIZER:** I give permission for my child to use hand sanitizer provided by The Barton Center while at a Barton camp program.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**COVID-19 RAPID TEST:** I give permission for Barton Center staff to perform COVID-19 Rapid Tests on my child per Barton COVID-19 Protocols while my child is attending a Barton camp program.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**RESTRICTIONS:** (Please check one and if restrictions, list in space provided.)

My child may not participate in the following camp activities: \_\_\_\_\_

No restrictions

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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