

THE BARTON CENTER FOR DIABETES EDUCATION, INC.

DAY CAMP PARENT CONSENT FORM

CAMPER NAME (please print): _____

PARENT/GUARDIAN NAME (please print): _____

Please check Day Camp program attending: Rainbow Club Worcester Long Island

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:** _____

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:** _____

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:** _____

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:** _____

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:** _____