

THE BARTON CENTER FOR DIABETES EDUCATION, INC.

RESIDENT CAMP PARENT CONSENT FORM

CAMPER NAME (please print): _____

PARENT/GUARDIAN NAME (please print): _____

Please check Resident Camp program attending: Clara Barton Camp Camp Joslin Coed Camp
 Vermont Overnight Camp

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:** _____