



Campers Full Name _____ D.O.B. _____
Address _____ Cell # _____

Parent Authorization Form

During the course of the summer, we will be going on various trips (by bus or walking). In addition your son will be participating in swimming during camp. In order for him to partake in these activities we must have a signed permission slip.

Relationship _____ Signature _____ Date _____

Consent For Emergency Medical Treatment

I hereby give authority to Camp Machane Chaim to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Relationship _____ Signature _____ Date _____