Pickup Form

Camper's Name _____

Parents' Name _____

The following people are allowed to pick my child up from Westminster Summer Camp:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Medical Conditions

Please list all medical conditions (include allergies) your child has that the camp staff needs to be aware of:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____