Camp Hunt 2022

Contact and Transportation Agreement

In the event that my camper becomes symptomatic for Covid-19 or is unvaccinated and exposed to someone with CoVid-19, I agree to come to Camp Hunt and pick up my camper within 24 hours of notification. In the event I am unable to pick up my camper, I have listed an alternate vaccinated adult who will pick up my camper.

l (Name)		parent/guardian of		
			(Name of camper)	
agree to co		p Hunt and pick up my camper, or	have an alternate vaccinated adult	
Signature:			Date:	
My phone numbers:		Home:		
		Cell:		
Alternate o				
Name:		······		
Dhana(a).	(Please pi	·		
Phone(s):				
		uthorization		
I, (print name)			_ , authorize Camp Hunt Medical Staf	
		oVid-19 test(s) to (camper name) ng out CoVid-19 infection.		
(signature of parent/guardian)			(Date)	