

Camp Hunt 2023

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.

I _____ parent/guardian of _____
(Name) (Name of camper)

agree to come to Camp Hunt and pick up my camper, or have an alternate vaccinated adult pick up my camper.

Signature: _____ Date: _____

My phone numbers: Home: _____

Cell: _____

Alternate contact:

Name: _____
(Please print)

Phone(s): Home: _____

Cell: _____

Rapid CoVid-19 Test Authorization

I, (*print name*) _____, authorize Camp Hunt Medical Staff to administer Rapid CoVid-19 test(s) to (*camper name*) _____ for the purpose of ruling out CoVid-19 infection.

(Signature of parent/guardian)

(Date)