



CAMP NESHAMINY PARENT PACKET CHECKLIST

- 1. EMERGENCY CONTACT PARENTAL CONSENT
- 2. AGREEMENT
- 3. PARENTAL PERMISSION FOR:
 - HOSPITAL TREATMENT
 - TRANSPORT BY AMBULANCE
 - PUBLICITY RELEASE
- TRANSPORTATION
- NON- DISCRINATION SERVICES
- CHILD HEALTH REPORT
- RECEIVED PARENT HANDBOOK

PARENT SIGNATURE: _____

DIRECTOR SIGNATURE: _____

DATE: _____

CAMP NESHAMINY
13 Beaver St.
Hulmeville, Pa, 19047
215- 757-5641
Director
Lisa James

Parent Permission Form



I give my permission for my child _____, to be transported by the Ambulance to the nearest hospital.

Parent or Guardian Signature: _____

Date: _____



In case of emergency care being needed, I give my permission for my child _____ to receive any necessary treatment at the nearest hospital.



I do

I do not

Give my permission for my child _____

have their picture to be release in publicity or in advertisement for Camp Neshaminy.

Parent or Guardian Signature: _____

Date: _____

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Camp Neshaminy
Safe Route/ Transportation

The Parking Lot is for your convenience, please do not leave child(ren) unattended in your vehicle at any time. Please make sure to walk your child into /out of the park and sign them in /out. Upon exiting your vehicle, you must turn off the engine.

Bus Transportation

I give permission for my child,

_____, to participate in the
Camp Neshaminy and be transported to and from trips
by _____ Transportation for the session.

Parent or Guardian Signature: _____

Date: _____

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