



Camp Contact Permission Form

Dear Parent/ Guardian,

We count it a privilege that you sent your son or daughter to spend the week with us at camp this summer. During a week of camp, we look forward to many great friendships being formed! We have an amazing staff team, and our staff love to stay connected with their campers throughout the year to hear how they are doing and answer any questions they may have about the topics discussed during chapel session and cabin devotionals. As part of our child and youth protection policy (www.insafehands.ca) we are committed to honoring you as a parent and to asking permission from parents/guardians before any contact occurs between campers and our staff (Facebook, Twitter, phone calls, etc).

Our staff would be honored to be able to continue to stay involved in your child or youth's life after camp. Please sign below to indicate whether or not you give permission to our staff to stay in contact with your son or daughter. If you wish to discuss this further please contact the camp director by phone or email (please see camp website for contact information).

(Please check one)

I **do** / **do not** (please circle one) give consent to allow staff members from Adventure Day Camps (name of camp) to remain in contact with my son/daughter _____ (child's name). If I wish to withdraw my permission, I agree to contact the camp office immediately to notify them of my wishes.

Signature

Date

Name of Parent/Guardian (please print)