



Mail To: M. Ruble  
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**CAMPER NAME:** \_\_\_\_\_

**2021 APPLICATION PERMISSIONS SECTION**

Must be signed by parent/legal guardian only, community care providers and group home staff signatures are not acceptable. If guardianship status is undecided, please let us know at the time of your application.

**Authorization to Participate & Permission for Emergency Treatment (Required)**

I feel this applicant is appropriate for camp and give my permission to participate in all camp activities, except as specifically noted in the application. In the event of an illness/injury/emergency I hereby give my permission for the camp administration to provide and/or secure medical treatment for the camper named in this application.

\_\_\_\_\_

Name Date

**Waiver (Required)**

I hereby give my permission for my applicant to attend Camp Sun 'N Fun. While camp will take every reasonable precaution, it is agreed that Camp Sun 'N Fun assumes no responsibility for the camper's personal property and it is released from liability in connection with medical costs, except as covered by camp's insurance.

\_\_\_\_\_

Name Date

**Prescription Medication (Required)**

I hereby give my permission for Camp Sun 'N Fun to administer the prescribed medications listed in the medical administration record at the time of drop-off according to the directions given by the physician on the medication containers.

\_\_\_\_\_

Name Date

**Over the Counter Medication (Required)**

I hereby give permission for Camp Sun 'N Fun to administer over the counter medications to my camper as needed with the exceptions listed on the allergy section of this application according to the directions by the manufacturer as well as the standing orders of the camp doctor.

\_\_\_\_\_

Name Date

**Public Relations (Optional)**

Permission is hereby granted to use my camper's name and photograph in different media outlets to publicize the work and program of the Arc Gloucester's Camp Sun 'N Fun.

\_\_\_\_\_

Name Date