



Camp Shetek Caregiver's Statement

1. This caregiver's statement is for camper _____
2. The above-named camper has been under my care for:

3. Is this camper able to completely and independently participate in an active camp program? If not, please clarify restrictions.

4. What treatments or procedures may need to be continued while the camper is at camp?

5. Is there anything else that we should know in order to help this camper have a good camp experience?

Licensed Caregiver Contact Information

Name _____ Date _____

City _____ State _____ Phone _____