

If your Teen Camp #2 camper is either driving themselves or riding with someone who is not their parent or legal guardian, then we need the following information signed by a parent or legal guardian.

If you cannot send it with them, please fax it to our office at 910-865-4277.

Please list any members of the family, including your camper, who have exhibited any influenza-like illnesses or symptoms (fever, cough, sore throat, headache, vomiting) in the 7 days prior to the start of camp (Sunday, July 5, 2009). If no one in your family has experienced any illness or symptoms, please write "None". If any family members have exhibited symptoms, please provide a phone number for Camp Dixie to reach you on Sunday afternoon for more information.

Family Member's Name

Symptoms Exhibited

Name of camper: _____

Signature of parent: _____

Phone number at which you can be reached on Sunday: _____

Date: _____