

**Camp Sylvan  
Children's Health Statement  
Summer 2017**

I verify that my school age child is in good health, able to participate in normal activities and participates in a regular health screening, which includes wellness checks and updates regarding immunizations.

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Child's Name

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Parent's Signature

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Date

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**Camp Sylvan  
Child's Lunch Form  
Summer 2017**

As \_\_\_\_\_ (Child's Name) parent, **when** I send food or beverages from home for my child I will assume responsibility for its safety.

My child \_\_\_\_\_ (Child's Name) will participate in Treetops lunch and snack program.

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Parent's Signature

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Date