

PHANTOM RANCH BIBLE CAMP – CAMPER CHECK-OUT FORM

◆ Camper Name: _____

◆ Session Name: _____ Session Date: _____

◆ My child will be picked up at the end of this session by one of the following:

Authorized Pickup: _____ Phone: _____

Authorized Pickup: _____ Phone: _____

◆ My child will be picked up at different time/date then regular camp checkout.

Date: _____ Time: _____

◆ Do not allow the following person(s) to pick-up my child:

Unauthorized Pick-up: _____

Unauthorized Pick-up: _____

◆ Signature of Parent/Legal Guardian: _____ Date: _____

Mail form to camp or return at start of session during checkin

MEDICATION INFORMATION SLIP

(1 slip per medication)

Camper Name: _____

Name of Medication: _____

Dosage: _____

Frequency: _____

Further Instructions: _____

Parent Name: _____

Phone #: _____

Work #: _____

Pharmacy Name: _____

Pharmacy Phone #: _____

MEDICATION INFORMATION SLIP

(1 slip per medication)

Camper Name: _____

Name of Medication: _____

Dosage: _____

Frequency: _____

Further Instructions: _____

Parent Name: _____

Phone #: _____

Work #: _____

Pharmacy Name: _____

Pharmacy Phone #: _____

MEDICATION INFORMATION SLIP

(1 slip per medication)

Camper Name: _____

Name of Medication: _____

Dosage: _____

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Further Instructions: _____

Parent Name: _____

Phone #: _____

Work #: _____

Pharmacy Name: _____

Pharmacy Phone #: _____

MEDICATION INFORMATION SLIP

(1 slip per medication)

Camper Name: _____

Name of Medication: _____

Dosage: _____

Frequency: _____

Further Instructions: _____

Parent Name: _____

Phone #: _____

Work #: _____

Pharmacy Name: _____

Pharmacy Phone #: _____