



## Town of Vienna Camp Information Form

Camp name/dates: \_\_\_\_\_

Child(s) name: \_\_\_\_\_

Method of transportation (Check one)

- Parent/Guardian drop off ☐
- Walker/Biker ☐

Authorized persons for pick up: (must present ID at pick up)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Individuals not authorized for pick up: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Comments (medication/allergies/concerns):

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_