



Burnham Memorial Library Permission Slip
Creative Expression Camp
July 14 - July 17, 2025

Date: _____

Participant's Name (Print): _____

Participant's Date of Birth: _____

Name of Legal Guardian: _____

Phone number(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Information

If we are unable to reach you at the number(s) above, is there someone else we should contact in case of emergency?

Name: _____

Phone number(s): _____

Medical Information

Allergies: _____

Medications: _____

Other Relevant Medical Information: _____

Dietary Restrictions

Does your child have any dietary restrictions we should know about?

General Permission

I consent for my child to participate in the activities of this 4-day camp.

Signature of Legal Guardian: _____