



Parent Consent Form

Name of Camper: _____

Age: _____

Date of Birth: _____

Male/Female

I am the parent or legal guardian of _____

(insert name of camper).

I give my permission for my child to participate in Camp Sunshine Dreams from July 27-August1, 2026. I will not hold Camp Sunshine Dreams responsible for any injury to my child while they are at camp. I consent to any emergency treatment recommended by the camp physician or by hospital emergency staff during this period. I understand that parents/guardians are responsible for medical costs.

I give my permission to the staff and volunteers at Camp Sunshine Dreams to photograph or have others photograph my child while at camp. Camp Sunshine Dreams may use any negatives, prints, discs, or videos in any appropriate camp-related manner. This may include fundraising and publicity. I understand that I will not be paid for the use of any photos.

Parent/Legal Guardian Signature: _____ **Date:** _____

Parent/Legal Guardian Name (please print): _____

Phone (daytime): _____ (evening) _____

In case of emergency, notify:

Parent/Guardian: _____ Relationship to child: _____

Phone (daytime): _____ (evening) _____

If the above person cannot be reached, please contact:

Name: _____ Relationship to child: _____

Phone (daytime): _____ (evening) _____

Parents' Names: _____

Address: _____

City and Zip: _____

E-mail Address: _____

Siblings Attending Camp: _____