FAIR ACRES SUMMER DAY CAMP

35 FAIR ACRES DR. MARSTONS MILLS, MA 02648 PH (508) 420-3288 FAX (508) 420-1710 www.FairAcresCapeCod.com

AUTHORIZATION & CONSENT FORM

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child	
Parent/Guardian Signature	Date
•	an in case of an emergency – Day Tel #'s
	CY RELEASE FORM
In case of an emergency, give the name to pick-up your child in the event that a	es of persons who can be called and are authorized parent cannot be reached.
Name	Relationship to child
Address	Tel #
Name	Relationship to child
Address	Tel #
Parent/Guardian Signature	