



**4-H Adventure Camp- 2008 August CAMP**

Updated Information

Please fill out and return this page and Parent Permission as soon possible to the Ada County Extension, 5880 Glenwood St Boise, ID 83714

Name of Camper \_\_\_\_\_

**4-H Camp Policies**

We have read and agree to the 4-H Adventure Camp Policies.

\_\_\_\_\_  
Camper's Signature

\_\_\_\_\_  
Parent or guardian's signature

\_\_\_\_\_  
Date

Comments:

**Medication & Health Updates**

The health form was sent with my child's camp registration forms. If there have been any changes or additions to this information, I am listing it below for the camp nurse:

**Transportation**

My child will get on the bus at \_\_\_\_\_ and will arrive home at the \_\_\_\_\_ bus stop. (If you are making other arrangements please note them here. It is important to contact Dany if you need to change this information. There are limited slots on each bus route and we need to be sure your child has a seat.)

\_\_\_\_\_  
\_\_\_\_\_