



Parent Request To Have Their Camper Wear A Mask During The Camp Day

I, (print full name) _____ as parent/legal guardian of child(ren)
 listed below:

Child Name _____ Date of Birth ____/____/____

Child Name _____ Date of Birth ____/____/____

Child Name _____ Date of Birth ____/____/____

Request that my camper wear a mask during the camp day. Check are the specified times.

		Comments
<input type="checkbox"/>	All Day	
<input type="checkbox"/>	Only When Indoors	
<input type="checkbox"/>	Only When Outdoors	
<input type="checkbox"/>	Only During Lunch & Snack	

I understand and give permission for Mill Basin Day Camp to have the above camper(s) remove their mask in the event wearing the mask can put them at greater risk for health concerns.

Signature of Parent/Legal Guardian

_____/_____/_____
Date