

Camp Bruce McCoy 2021

Onsite Caregiver Acknowledgment of Responsibilities

Due to the nature of this day camp, if a camper is not their own legal guardian, is unable to manage their own medications, requires physical assistance for mobility or self-care, and/or requires constant supervision due to cognitive/behavioral concerns, the camper must be accompanied by a family member or other designated caregiver for the duration of the day.

As designated caregiver, I hereby acknowledge that I assume responsibility for providing the following assistance to the camper I am attending with for the duration of the day camp program.

1. Medication management
2. Physical assistance for mobility and/or self-care
3. Supervision for cognitive and/or behavioral concerns

I understand that I am required to attend the day camp with the camper and stay on the premises all day.

By signing below, I agree to comply with the written instructions above. Failure to comply with the outlined responsibilities will result in my privileges being removed and I will be asked to leave the premises.

Name of Participant: _____

Name of Caregiver: _____

Caregiver Signature: _____

Date: _____