

Chaperone Form- Family Camp

This form must be completed for any participant under the age of 18 who plans to attend Family Camp without a parent or guardian.

Parents/guardians of chaperoned child; Please complete this form and return it to the F&W main office before the event: Via mail to 401 Farm & Wilderness Rd, Plymouth VT 05056. Via fax to (802) 422-8660 or scan and email to melanie@farmandwilderness.org

**Please note that each adult may chaperone no more than TWO children under 18.
Chaperones must be over 21 years old.**

Chaperoned child:

Name of child: _____

Name of parent or guardian: _____ Relationship: _____

Address: _____

Daytime phone: (____) _____ Evening phone: (____) _____

If your child is covered by medical insurance please list the company here: _____

Medical Insurance ID and group number: _____

I authorize _____ to chaperone my child _____
(Name of child's chaperone) (Child's name)

At _____ event. _____ / ____ / ____
(Name of the event) (signature of parent of chaperoned child) (date)

Guidelines for Chaperones

We ask that chaperones be attentive to the children they are responsible for always during the event to ensure for their safety and well-being. We ask that they know their chaperoned children's whereabouts and activities throughout the event. Thank you for your cooperation. We are looking forward to a wonderful week in celebration of community, hard work, great food, spiritual rejuvenation, and most importantly a whole lot of fun!