

Camper Name (Please Print): _____



Sammamish Animal Sanctuary - Additional Summer Camp Information

We appreciate your interest in Sammamish Animal Sanctuary and hope you enjoy our animals and our mission to provide forever homes for abused, neglected, unwanted, and/or homeless barnyard animals.

Authorized Pick-Ups: Please list below the people authorized to pick up your child from Sammamish Animal Sanctuary Summer Camps:

Name _____ Relationship _____ Phone (____) _____

Name _____ Relationship _____ Phone (____) _____

Red Flag Pick-Ups: If there is a person or person(s) who MAY NOT pick up your child, please list below. Please Note: IF this person is the CHILD'S PARENT, we must have a court authorized order stating this limitation in our files to prohibit the removal of the child from our premises by such parent.

Name _____ Relationship _____

Pertinent Medical Information: Does your camper have any allergies or medical conditions that we should be aware of? For example, do we need to have your child carry an epi-pen or inhaler wherever we go? If so, please provide such information below. If none, please state none below.

Other Information: Please feel free to provide below any other relevant information you would like us to know regarding your camper so we can give your camper the best experience reasonably possible.
