

Rock Lake United Church Camp
Child Departure Form

This form is to be used any time a child is removed from the camp program before the intended departure date.

Name of child: _____ Home phone number: _____

Cabin group and Cabin Leader: _____

Departure from program is due to: homesickness: _____

illness: _____

injury: _____

discipline/behaviour issues: _____

other: _____

This situation was first identified (date and time): _____ By whom: _____

This situation has involved the following people:

Parents/guardians: _____ Date: _____

Doctor/medical staff: _____ Date: _____

Agency: _____ Date: _____

Name of camp staff who handled the departure: _____

Name of person picking up the child: _____

If other than the parent or legal guardian, give name, address, phone number, and agency (you must have the parent's or guardian's permission to release the child to anyone else): _____

Details, comments, or concerns related to the departure of this child: _____

Signatures

Adult receiving the child: _____ Print Name: _____

Camp staff handling the departure: _____

Received by camp director, assistant director, or designate: _____ Date: _____

THIS REPORT IS TO BE SUBMITTED TO OR BY (applicable) THE CAMP DIRECTOR

The use, retention, and disclosure of personal information collected from this form is done in compliance with privacy legislation including, but not limited to, the Personal Information Protection and Electronic Documents Act (2000, c.5).