

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).