



WELLINGTON NORTH
SEMPER PORRO

CONSENT TO CARE FORM

I, _____ (Parent / Guardian First and Last Name), give the Township of Wellington North Day Camp staff permission to assist my child, _____ (Child's First and Last Name), with:

- Changing/Dressing (i.e., to assist in putting on /changing out of bathing suit for swimming)
- Applying/Reapplying sunscreen.
- Other

Special Instructions:

Parent / Guardian Name (please print)	Child's Name (please print)
Parent / Guardian Signature:	Date: