

**TOWN OF LINCOLN**

***SUMMER DAY CAMP***



***PARENT HANDBOOK***  
***SUMMER 2010***

## WELCOME

The Lincoln Summer Day Camp is a recreational camp that promotes the developmental, social, and emotional well being of campers entering grades K – 11 by providing a safe, fun, and structured environment. Campers entering Kindergarten participate in our *Kinder Camp*, campers entering grades 1 - 2 participate in our *Discovery Camp*, campers entering grades 3, 4 and 5 participate in our *Explorer Camp*, and campers entering grades 6, 7 and 8 participate in our *Adventure Camp*.

We offer our Counselor-In-Training (C.I.T.) program for those entering grades 9, 10 and 11, to provide training to applicants who may be interested in future summer camp employment. And while they are not considered “campers”, the contents of this handbook will also apply.

This handbook contains information regarding the camp’s daily schedule and procedures, extended day application, healthcare policies, emergency procedures, behavioral expectations and discipline policies.

**You will find forms that we ask you to review, complete, and return to us *no later than one week in advance of your child’s first day of camp*. These include:**

- 1) Behavior Contract
- 2) Camper Release
- 3) Bug Spray/Sunscreen Permission
- 4) Emergency Information (with a photograph of your child)
- 5) Parent /Guardian Authorizations
- 6) Permission to Administer Protocol Medications
- 7) Medication Order
- 8) Photograph Permission

Please review this packet completely, and feel free to contact the Recreation Office if you have questions. You can reach us at (781) 259-0784. As camp approaches, please review the behavioral expectations with your camper.

## SEASON SCHEDULE

Week 1:	July 6 – July 9
Week 2:	July 12 – July 16
Week 3:	July 19 – July 23
Week 4:	July 26 – July 30
Week 5:	August 2 – August 6
Week 6:	August 9 – August 13

## DAILY SCHEDULE *(This is an approximate schedule and is subject to change.)*

8:50 – 9:00 am	Arrival
9:00 – 9:30 am	Opening Council
9:35 – 10:15 am	Period 1
10:20 – 11:00 am	Period 2
11:05 – 11:45 am	Period 3
11:50 am – 12:30 pm	Period 4
12:30 – 12:45 pm	Lunch
12:45 – 1:35 pm	Free Swim
1:45 – 2:25 pm	Electives and/or theme activities
2:30 – 3:00 pm	Closing Council
3:00 – 3:10 pm	Departure

## REGISTRATION INFORMATION

**IMPORTANT:** State Law *requires* that all campers submit a copy of *current physical* (within the past 24 months) and a *current list of immunizations to the camp health office prior to that camper attending camp. Your child WILL NOT be allowed to attend camp without this, even for one day.*

Lincoln Summer Day Camp requires each child to have an ***Emergency Information Form*** (enclosed) completed *before they can attend camp.*

Please see the Lincoln Summer Day Camp brochure for full registration & refund procedures.

Campers leaving the program for behavioral violations are not eligible for refunds.

## DROP OFF / PICK UP PROCEDURES

**Drop-Off:** When arriving at camp in the morning, please park along the center ballfield, and walk your child in. *Please do not drive in to the Hartwell Parking Lot.* If you want to drop your child off and stay in the car, please proceed to the exit driveway of the Hartwell Lot, where camp staff will be waiting to walk your child into the camp area.

Due to the public school and preschool parking needs, the lot is too busy and contains too many children on foot to accommodate all three programs safely. The camp has agreed not use the parking lot during drop-off and pick-up hours.

**Pick-Up:** Camp pick up will be at the Codman Pool lot. Parents should meet their child there at 3 pm. Children will be waiting by camp group in the fenced-in Tot Lot area. Please park your car, walk into the fenced area and check your child out with their counselor. Children still at camp after 3:15 pm will be placed in our Extended Day Program. We ask that parents not park in the Hartwell Parking Lot to pick their child up, as it can create confusion for the staff with kids trying to leave in multiple directions. *If parents need to pick their child up before 3 pm, they should arrange with the directors in advance.*

In the event of heavy rain, camper pick up will take place inside the camp building. Please park your car and come in just like drop-off.

## POOL POLICIES

Please pack a bathing suit and towel for your camper every day of camp!

### Swim lessons

Swim lessons are offered to Kinder, Discovery and Explorer Camps (Adventure Camp does not receive swim lessons) every day, with the exception of some field trip days, and weather cancellations. They may be cancelled if conditions are extreme (too cold, too rainy, too foggy) and compromise the pool staff's ability to monitor swimmers. Whenever possible, lessons will be held on land, in an indoor space.

All campers are expected to participate in swim lessons. Parents will be notified if their child refuses to participate or does not have proper swim apparel.

Campers will be evaluated the first day of each session, and divided into appropriate swim levels. The camper will receive a written progress report or level card at the end of each week. Campers returning for subsequent sessions should keep their progress report or level card to ensure proper placement the following session.

### **Free Swim**

Free swim is offered each day that a child is on campus. All pool policies apply during this time, and the pool is open to the public. The concession stand is available to campers during free swim only. Campers who do not participate in swim lessons are not eligible for free swim, unless otherwise approved by the camp director(s). Adventure Campers are obviously excluded from this policy.

### **Swim Test**

This test is administered at the beginning of every swim season for your child's safety. The shallow end of the pool is open to all swimmers. Campers must pass a swim test in order to use any other area of the pool.

The swim test must be administered by a lifeguard, and consists of swimming 2 lengths of the pool on their front (any stroke as long as body position is horizontal, not vertical) in 2.5 minutes, followed by a submersion of the head without holding their nose, and treading water for 1 minute. This must all be done with no break.

## **FIELD TRIPS**

Behavior contracts for each camper must be signed by a parent or guardian and returned 24 hours prior to any camper attending Lincoln Summer Day Camp.

All campers will go on one field trip per week, with the exception of Adventure Campers, who will average 3 field trips per week.

*All Campers are required to wear their camp shirts on every field trip.* Camp shirts will be provided to all campers before the first trip. On trip days, please pack disposable lunches marked with your child's name. For their own safety, please do not send your child on a field trip wearing clothing with their name on it. (Ex. Sports jerseys with their last name on the back, etc.)

## **HEALTH CARE POLICIES / MEDICATIONS**

Please bring all medications (in a properly labeled medication container) and their Medication Order (see attached form) in a plastic zip-lock bag clearly labeled with your child's name, grade and phone number. Make sure the form is completed and signed. Please use a separate form for each medication.

A "properly labeled" medication container must be a pharmacy or manufacturer container that is labeled with the following.

1. Name of medication
2. Dosage
3. Time(s) medication should be given
4. Child's name

5. Physician's name
6. Name of dispensing pharmacy

Parents wishing to discuss a particular problem with the Health Aide are encouraged to do so in the morning of their child's first day of camp.

If your child uses an inhaler or requires an epi-pen, please be sure to send two, so that one can accompany your child and one can remain with the Health Aide.

**Health Care Consultant:**

Name: Dr. JoEllen Altschaefl, MD

**Hospital Utilized for Emergencies:**

Name: Emerson Hospital

Telephone: (978) 369-1400

Address: Concord, MA

**Emergency Procedures**

If a child is in need of immediate advanced medical attention, staff will administer first aid, contact the Health Aide, and contact Emergency Medical Services. They will then contact a parent, and bring the child's Emergency Information Form and Parent/Guardian Authorization Form (both enclosed).

*If on campus*, one staff member will return to health center with the injured child (if the child is able to walk back). If the child is not able to walk back, one staff member will remain and administer first aid while another staff member goes for help.

*While on a field trip*, we will administer first aid and contact Emergency Medical Services if necessary. A staff member will call camp and notify the health aid/Recreation Office of the situation. The health aid/Recreation Office will notify the parent or emergency contact and inform them of what is happening and where the child is being transported if necessary.

If the parent cannot accompany the child to the hospital, a staff member will go to the hospital with the child until a parent arrives.

If the parent(s) cannot be reached, we will try the emergency contact. If they cannot be reached and the child needs to be transported to the hospital, a staff member will accompany them and the camp will keep trying both parent and emergency contact.

To help prevent accidents, staff members check the campus daily for hazards. If any hazards are identified, the area is marked-off and reported to the Camp Directors. If the Directors cannot fix the hazard, it is reported to the School Maintenance Coordinator and Recreation Director.

Staff will inform parents if their child receives a minor injury. Minor injuries are entered into our logbook, and parents receive an injury receipt documenting the treatment. All major injuries are documented on the injury report form and placed in the child's file as well as a copy given to the parent. If the injury is related to the condition of the school grounds, a written report is also given to the School Business Manager.

In the event of fire or natural disaster, parents will be notified and the camp area will be closed until the problem is corrected. If a long-term solution is needed, we will ask the school

committee to supply temporary space until the camp space becomes available again. In the event of loss of power, heat, or water parents will be notified and the camp area will close or we will move to another building on campus if possible.

### **Illness**

The rooms and tables are thoroughly cleaned daily. If any child comes down with an infectious disease, it is reported to parents via email.

If your child is mildly ill, they will be given a place to rest and/or quiet activity until they feel better. You will be contacted if your child has a temperature of 99.6 or higher, is vomiting, has diarrhea, or other symptoms of illness that may seem serious.

A child must be temperature free and free of the above symptoms for 24 hours before s/he can return to camp.

The Board of Health, the Camp Physician, and all parents are notified in writing if a child has any contagious or reportable disease.

### **Allergies**

All camper and staff allergies are posted with the first aid kit. Children are kept away from any situations that might aggravate their condition. Medication is given as prescribed by physician and parent.

## **BEHAVIORAL / DISCIPLINE EXPECTATIONS**

The purpose of this section is to develop a common understanding between the participants, their families and the camp/department staff and committee, regarding the procedures followed and behavior expected on all Recreation Department / Lincoln Summer Day Camp Field Trips and activities. These expectations represent a contract with each camper, their family, and the Camp Staff. This contract is mandatory prior to any camper attending camp. *All visitors to the camp program are to be held to the same behavioral expectations.*

### **Camper Behavioral Expectations:**

- 1) Campers will conduct themselves in a safe and respectful manner at all times. They will follow the directions of the camp staff at all times.
- 2) Campers will not participate in any form of violent behavior.
- 3) Campers will not participate in any hazing, bullying, intimidation, threats of violence, harassment or any form of inappropriate controlling, either verbal or physical.
- 4) Campers are not to leave or separate themselves from the group or camp activity at any time, unless approved to do so by camp staff.
- 5) Campers will not take anything, without permission, that does not belong to them.
- 6) Campers will not damage or deface any property. Families will be held responsible for any monetary reimbursements due to property owners.

- 7) Campers will not bring objects that are deemed dangerous or disruptive to the program, (pocket knives, fireworks, lighters, matches, projectile devices, etc.) and subsequently will not possess or use any illegal objects. Use of personal entertainment devices are solely at the discretion of the staff.
- 8) Tobacco, alcohol, and all illegal substances are prohibited on all Recreation Department / Lincoln Summer Day Camp activities.
- 9) Participants will not use verbally inappropriate or abusive language; or physically inappropriate or abusive actions at any time during a Recreation Department activity.
- 10) Campers in grades K-5 will not bring cell phones with them during the camp day. If a camper needs a cell phone after camp, they can leave it in the camp directors' office until the end of the camp day, and retrieve it. Campers in grades 6-8 will use their cell phones in accordance with Adventure Camp Staff instruction.

These expectations are not intended to be all-inclusive, and any action deemed unsuitable or unsafe by the camp staff / trip supervisor may be subject to the disciplinary actions outlined below:

**Summer Camp / Recreation Department Disciplinary Procedures:**

No child shall be subjected to abuse or neglect, cruel, unusual, severe, or corporal punishment including; any type of physical hitting inflicted in any manner upon the body including spanking; punishments which subject the child to verbal abuse, ridicule, or humiliation; denial of food, rest, or bathroom facilities; force feeding; punishment for soiling, wetting or not using the toilet or forcing a child to remain in soiled clothing or remain on the toilet, or using any other unusual or excessive practices for toileting; or punishment related to eating or not eating.

Depending on the severity of the offense, the following actions may be taken:

1. The camper will be warned against future infractions.
2. The camper may be removed from the situation and asked to sit with staff. A parent will be notified of the situation.
3. If damages are involved, the camper will be responsible for their repair. A parent or guardian is ultimately responsible for any damages incurred by their camper.
4. A parent may be notified and asked to come and remove the camper from the program. In these cases, a parent/child conference with the Camp Director(s) / Recreation Director is mandatory before the participant can return to camp or any Recreation Department activity.
5. In the interests of program safety, the Camp Director(s) / Recreation Director reserve the right to withhold a camper from any Recreation Department activity until the necessary parent/child conferences have been completed. In extreme or repeated cases, the Recreation Director may suspend a participant's enrollment or expel a participant from any and all Recreation Department activities.
6. In the interests of program safety, the Camp Director(s) / Recreation Director reserve the right to review with any camper past infractions that may pertain to the overall safety of

the camp program. Past infractions will be taken into account when determining appropriate disciplinary measures.

Appeals to the Recreation Director's decisions can be directed to: *The Lincoln Recreation Committee, ATT: Chairperson, 16 Lincoln Road, Lincoln, MA 01773.*

Parents / Guardians always have the right to request a meeting with Recreation Staff or Committee at any time. We encourage you to review these policies and address any questions to the Lincoln Summer Day Camp Directors or Recreation Director.

## **ODDS AND ENDS...**

Please call the camp office at 781 259-2667 if your camper will be absent or late!

Please send your child to camp with sneakers or closed-toes shoes. Closed-toes shoes provide the safety necessary to participate in athletic activities, and consequently, are a required prerequisite for such participation.

Campers are encouraged to bring full water bottles each day... they will have many opportunities to refill them!

Do not send your child with cell phones, toys, radios, or similar items! This includes card games (playing, fantasy, trading or others).

Please label all your clothing and check the lost and found every few days. Please send your camper in their bathing suit, as we will be swimming every day. The campers tend to wear their suits all day, but they *can* change after each swim period.

Each day please provide your child with a snack and a lunch. On trip days please be sure that both are in a disposable bag. *We do not provide refrigeration or a microwave at camp.* We provide pizza on Fridays for \$2 per slice. The concession stand is also open at the pool during free swim.

Complete Health Care and Discipline policies, verification of staff background checks and grievance procedures are available upon request. The last pages of this packet are for you to complete and return to us. The Behavioral Contract, Parent Authorizations, Permission to Administer Protocol Medications, and Emergency Information Form are required before your child will be accepted into camp. **Please be sure to list an email address for any pertinent camp updates! This will be our first and preferred method of communication!** The camper release form, medication order, extended day forms and sunscreen permissions are at your discretion.

**Please review the following forms carefully and fill out all that apply. They will help us properly care for your child while they are with us at camp.**

**Thank you.**

- 1) The **Behavior Contract** must be signed by all campers and a parent/guardian prior to attending camp. The behavior code is explained within this packet. The section you are signing is just the signature page.
- 2) The **Camper Release** authorizes our staff to release your child to anyone YOU designate. Without this form, your child will only be released to you.
- 3) The **Bug spray/sunscreen permission** form must be signed to allow our staff to apply either to your camper.
- 4) The **Emergency Information Form** is kept on file with our health aid and accompanies your child on field trips, ensuring that we are aware of your child's specific needs/concerns in the event of an emergency.
- 5) The **Parent / Guardian Authorizations** allows us to transport your child for emergency treatment should the need arise.
- 6) The **Permission to Administer Protocol Medications** allows our staff to treat your child with Acetaminophen, Antibiotic Ointment and Benadryl if needed. This is your choice. Please circle NO if you DO NOT want a certain medication used on your child.
- 7) The **Medication Order** must be filled out if you are sending your camper with any medications they need to take during camp hours
- 8) The **Photograph Permission** form allows you to grant or deny consent to have your child photographed while they are at camp.

# BEHAVIOR CONTRACT

By signing this contract, you are affirming that you have received, and accept, the behavioral expectations we have outlined for your child while participating in a Recreation Department / Lincoln Summer Day Camp Activity. You are aware of the procedures we will use in the event that we feel your child needs to be disciplined during a Recreation Department / Lincoln Summer Day Camp activity.

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT GUARDIAN NAME (PLEASE PRINT)

## CAMPER RELEASE

Male / Female    Grade \_\_\_\_\_

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_, give permission for the staff at Lincoln Summer Day Camp to release my child to the following people for the duration of the summer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, I am indicating that I understand and agree to follow all that is contained in this form. I understand that anyone picking up my child may be asked for identification. I release Lincoln Summer Day Camp, the Lincoln Recreation Department, and any of its agents from any liability. I understand that if I make alternative arrangements from those indicated on this form, that I must provide written notification, in advance, that is both dated and signed by me. I understand that if there is any confusion caused by my changing my child's pick-up arrangements, that the Lincoln Summer Day Camp will not release my child to anyone until the matter has been cleared up. I understand that in this event the Lincoln Summer Day Camp staff will contact me by phone.

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT GUARDIAN NAME (PLEASE PRINT)

## BUG SPRAY / SUNSCREEN PERMISSION

Please send your child to camp with the first application of sunscreen already on. We are happy to assist your child with sunscreen throughout the day; however, it is necessary for you to send sunscreen and the attached permission form authorizing such assistance.

I, \_\_\_\_\_, give permission for the Lincoln Summer Day Camp staff to apply

Bugspray/sunscreen for my child, \_\_\_\_\_, as needed throughout the camp day.

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT GUARDIAN NAME (PLEASE PRINT)

# EMERGENCY INFORMATION FORM

## CAMPER INFORMATION

Name \_\_\_\_\_ Gender \_\_\_\_ Grade (Fall '10) \_\_\_\_ DOB \_\_\_\_\_  
Street \_\_\_\_\_ City/Town \_\_\_\_\_ Zip \_\_\_\_\_  
Day Phone \_\_\_\_\_ Eve Phone \_\_\_\_\_

## CONTACT INFORMATION

Parent 1 Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Parent 1 E-mail Address \_\_\_\_\_  
Parent 2 Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Parent 2 E-mail Address \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## EMERGENCY MEDICAL TREATMENT: List any health issues, allergies and/or medications

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pediatrician Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Dentist Name \_\_\_\_\_ Phone \_\_\_\_\_  
Health Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

## WAIVER

*I, the undersigned, as a legal adult or parent/legal guardian of a minor, do hereby consent to my/my child's participation in voluntary athletic or recreation programs of the Town of Lincoln. I also agree to forever release the Town of Lincoln, the Lincoln Recreation Committee, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the Town of Lincoln from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to myself/my child or property damage resulting from my/my child's participation in the Town of Lincoln's voluntary athletic or recreation programs. I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to myself/my child or property damage resulting from my/my child's participation in the Town of Lincoln's voluntary athletic or recreation programs. I further affirm that I have read this Consent and Release Form and that that I understand the contents of this Form. I understand that my/my child's participation in these programs is voluntary and that I/my child are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow myself/my child to participate in the Town of Lincoln's athletic or recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage I/my child may suffer in voluntary Town of Lincoln athletic or recreation programs.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

# PARENT / GUARDIAN AUTHORIZATIONS

Camper Name: \_\_\_\_\_ Gender: M / F Gr. (Fall '10): \_\_\_\_\_

The Health History I have provided is correct and complete as far as I know and the person herein described has my permission to engage in all camp activities except as noted on their health forms.

I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of Parent/Guardian: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

## PERMISSION TO ADMINISTER PROTOCOL MEDICATIONS

Camper Name: \_\_\_\_\_ Gender: M / F Gr. (Fall '10): \_\_\_\_\_

I give the following permissions to the camp health aid to administer the following protocol medication to my child as needed:

***Please circle for each medication:***

Acetaminophen: YES / NO

Benadryl: YES / NO

Antibiotic Ointment: YES / NO

Signature of Parent/Guardian: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

# MEDICATION ORDER

PLEASE USE A SEPARATE FORM FOR EACH MEDICATION  
To be completed by a licensed prescriber: MD, Nurse Practitioner

Camper Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Grade (Fall '10): \_\_\_\_\_

MEDICATION: \_\_\_\_\_ DOSE: \_\_\_\_\_

Route of Administration: \_\_\_\_\_ Frequency: \_\_\_\_\_

Times to be given at camp: \_\_\_\_\_  
(Please note: When possible, medication administration should be scheduled at times other than camp hours.)

Date of Order: \_\_\_\_\_ Duration of Order: \_\_\_\_\_

Specific Directions / information for administration: \_\_\_\_\_

\_\_\_\_\_

\*Diagnosis: \_\_\_\_\_

\_\_\_\_\_

\*Possible side effects / Reasons to terminate medication: \_\_\_\_\_

\_\_\_\_\_

\*Any other medical conditions: \_\_\_\_\_

\_\_\_\_\_

\*Other medication child is taking: \_\_\_\_\_

***\*If this is considered a violation of confidentiality, please submit a release note indicating there are no synergistic effects with other medications.***

I DO / DO NOT (circle one) hereby request and authorize the Lincoln Recreation Department / Lincoln Summer Day Camp's Health Aide or his/her delegate to administer the above medication as specified in the order.

I DO / DO NOT (circle one) give my consent for self-administration of this medication provided the Health Aide determines that it is safe and appropriate to do so. I have instructed the above child the proper self-administration of the above named medication.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Physicians Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Emergency Phone

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



TOWN OF LINCOLN  
Middlesex County...Massachusetts

RECREATION DEPARTMENT  
16 Lincoln Road  
Lincoln, MA 01773-6353  
Tel 781 259-0784  
Fax 781 259-1333

## PHOTOGRAPH PERMISSION Lincoln Summer Day Camp

Dear Parents,

From time to time, photographs are taken of children during Lincoln Summer Day Camp Activities. These photographs are occasionally used in presentations, displays, or published in local newspapers. Often, when photographs are displayed or published, children are identified by name in a caption.

Please return this form to let us know if you would like your child photographed or not.

Thank You.

-----  
Please check the appropriate response and sign:

- I allow my child, \_\_\_\_\_ to be photographed.  
(Please print)
- I deny permission for my child, \_\_\_\_\_ to be photographed.  
(Please print)

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
(Please print)