



2010 AGREE OUTPOST CAMP FORMS CHECKLIST

	<u>MANDATORY</u>	<u>DUE DATE</u>
<input type="checkbox"/>	TAMARACK CAMPS MEDICAL FORM	5/1/2010
<input type="checkbox"/>	COPY OF HEALTH INSURANCE CARD	5/1/2010
<input type="checkbox"/>	CAMPER INFORMATION FORM	5/1/2010
<input type="checkbox"/>	CAMPER AGREEMENT	5/1/2010
<input type="checkbox"/>	POLICY FOR SENDING CAMPERS HOME	5/1/2010
<input type="checkbox"/>	NOTARIZED BORDER CROSSING FORM	5/1/2010
<input type="checkbox"/>	COPY OF PASSPORT OR PASSPORT CARD	5/1/2010
<input type="checkbox"/>	KAYAKING WAIVER	5/1/2010
	<u>AS NEEDED</u>	
<input type="checkbox"/>	MEDICATION INFORMATION FORM	6/1/2010
<input type="checkbox"/>	MEDICATION INFORMATION TO CAMPRX.COM	6/1/2010
	<u>OPTIONAL</u>	
<input type="checkbox"/>	RESTRICTED DIET AUTHORIZATION	5/1/2010
<input type="checkbox"/>	PARENT EMERGENCY CONTACT FORM	5/1/2010

ADDITIONAL POSTED INFORMATION

PARENT GUIDE

CAMP RX INFORMATION

PERSONAL EQUIPMENT GLOSSARY AND EQUIPMENT LIST

SUPER SAVINGS COUPONS

TAMARACK FAMILY FUN DAY INFORMATION

BUNK 1 INFORMATION

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