



CAMP LOCATION:
752 Big Oak Rd. Yardley, PA 19067
MAILING ADDRESS:
275 North Main St. Telford, PA 18969

STEVE HAINES, EXECUTIVE DIRECTOR
267-261-4098, campconcepts@comcast.net
LINDA SCHLOO, ACCOUNT SERVICES
215-285-2537, accounts@camconcepts.org

Permission to Exchange Information

The purpose of this form is to give us permission to talk with other professionals who work with your child throughout the year. This helps us learn more about your child when approving the application and preparing for their arrival to camp. It also allows us to share information from the summer, so that your child's work may be continued throughout the next year. This may include doctors, therapists, and teachers. This permission form is for the Expressions application only and therefore is only valid until the end of that camp season.

Camper Information:

Child's Name: _____ **Date of Birth:** _____

Parent Name: _____ **Phone:** _____

Address: _____

I, the undersigned, do hereby give my permission for Camp Concepts and the staff of Expressions Camp and the following list of individuals to share information about my child,

First Professional:

Name: _____ Services rendered to child: _____

Address: _____

Phone: _____ Email: _____

Agency Name (if applicable): _____

Second Professional:

Name: _____ Services rendered to child: _____

Address: _____

Phone: _____ Email: _____

Agency Name (if applicable): _____

Please note: The information gathered will be kept confidential by Camp Concepts and the staff of Expressions Day Camp. It will not be released to or gathered from any other agency or individual other than those listed above without special written consent.

Parent/Guardian PRINTED name same as Signature: _____

Date: _____

Submit via email to accounts@camconcepts.org or mail to 275 North Main St. Telford, PA 18969