



2018 Outside Services Form

Participant Information

Name (last) _____ (first) _____ Date of Birth ____/____/____

Home address _____ City _____ State _____ Zip _____

Daytime phone: _____

Parent/Guardian names: _____

Outside Services Information

What services does your child require? Please list and explain

What are the reasons your child requires these services? Please list and explain

Will services be provided during camp hours? ☐ Yes ☐ No If yes, please list service provider names & contact information

***TSS/BSC/Nurses or any other outside agency must be with campers at ALL times while attending camp. If services are unavailable for the camper a phone call home will be made and child must be picked up. Parents cannot replace a TSS/BSC/Nurse for the day.**

***TSS/BSC/Nurses or any other outside agencies are responsible for payment of any field trips, etc.**

Authorization I HAVE COMPLETED THIS FORM TO THE BEST OF MY KNOWLEDGE AND WILL NOTIFY SROSRC OF ANY CHANGES

Signature _____ Date _____