



*Come Play on Our River* Day Camp  
 263 Main Street, Doaktown, NB E9C 1A9  
 TEL: 506-365-7787 / FAX: 506-365-7359  
 Email: [comeplay@nb.aibn.com](mailto:comeplay@nb.aibn.com)  
 Facebook : *Come Play on Our River*

**TEMPORARY CAREGIVER**

In the event that your child will not be in your care during their time at the *Come Play on Our River* day camp, please complete the request for information below:

CHILD'S NAME: \_\_\_\_\_  
 (Please print)

PARENT / GUARDIAN: \_\_\_\_\_  
 (Please print)

(1) TEMPORARY CAREGIVER: \_\_\_\_\_  
 (Please print)

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

RELATION TO CHILD: \_\_\_\_\_

(2) TEMPORARY CAREGIVER: \_\_\_\_\_  
 (Please print)

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

RELATION TO CHILD: \_\_\_\_\_

I, \_\_\_\_\_, am aware that my child \_\_\_\_\_ will be in the care of the aforementioned person(s) who, during my child's time at the *Come Play on Our River* program, will be caring for and making decisions in regard to my child. Those decisions will comply with the information provided on the Registration Form, the Day Camp Agreement, Consent & Waiver Form, and the Medication Release Form.

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Signature)