

FAST Daily Sheet

Camper Information

Camper Name	_____	Grade	_____
Parent Name	_____	Cell #	_____
2 nd Contact	_____	Cell #	_____
Emergency Contact	_____	Cell #	_____

Health Information

- Allergies _____
- Medications _____
- Behavior _____

Authorized Pickup

Name	_____
Name	_____
Name	_____
Name	_____
Name	_____

OFFICE USE ONLY (\$50/day -- \$5 BC or AC)

Cost	_____	Payment	_____
		Type	_____