## LakeThoreau

ENVIRONME

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1 M F IB IP R Q WIJFSUFFH J T U S B W F OF ON BEU SMS N M P I B E E SMFJETBUFI FO EP OF I B Q Q M J D B U J P O O O DXFFS F D FJ JXXVF FU NT FM OZ IP TV Q F DJ JOGGJFDS NB BCUPUURBEDS P H JSGB IDNM VE ELS 69 EIUURBEPLOFT 5 I P S F B V

5 | FUP DD BPMT UU KGFP CS S P H S BBNO JEOTD MWW VELOTIDO B D L TU JESCEUJENÆ J N JBUDFDEJE F O U B M J O T V S PS JG TUVFEMFEXODELUSTULO HTPLXSMVO DSIJFOPGBTL5FIPBFNFNC ISSTDFEJJWT0FPVOU QSJDJO 1 B S U J DDJ KOJCONECOS UPTQ RQ GB GB SI " . B O IEE GB C RQ J D M RODE F U X F F 10 . B O E 1 . 8 F M P P L GPSXUBTSFEFZOPMIJTVNNFS

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Email Address: \_\_\_\_\_  $@\ @\ @\ @\ @\ @\ @\ @\ @$ 

## To the Parents or Guardians of the Participant

For yourchild to receive medical care in the event of illness or injury while participating in the elevant insurance information for your child with you to the event. We will store it securely until the eround the program, where we will then return the copy to you.

Is it permissible to provide medical treatment for your child if needed?	Yes	No
Please state anypsicial medical conditions through require staff attention:		
Does your child take medica on a regular basis of which we need to be aware? If yes, pleasexplain:	Yes	No

Does your child havænyknown allergiest?yes, please elkpla)30(T2 (p)2)725e0s44s7,361 (2)26m)38606-t10v004907625s0TV