

# CAMP STEPPING STONES 2019

**A PLACE FOR CHILDREN EXPERIENCING A LOSS OF A LOVED ONE  
SAINT JOHN’S EPISCOPAL CHURCH  
7 WHITTLESEY AVE (CORNER OF MAIN STREET) NEW MILFORD, CT  
JULY 22 -26**

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Child’s Name

Date of Birth

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Parent/Guardian Name\*s)

Contact Phone Number

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Address

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Name, Relationship and Date of Death of significant Person

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Allergies

T Shirt Size

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Medications (if camper is to take medication during camp hours, we **must** have a Doctor’s written authorization) PLEASE INCLUDE HEALTH FORM. MAY BE COPIED FROM SCHOOL RECORDS – VALID FOR 36 MONTHS

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Emergency Contact Name and Phone Numbers

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Persons and Telephone Numbers authorized to pick up child from camp

I understand that the Camp Stepping Stones staff will attempt to reach me or my designated representative in the event of medical emergency. I authorize the staff to act on my behalf when I cannot be reached and to arrange transportation to New Milford Hospital in the event of a medical emergency. In addition, I give my permission for my child to participate in posted field trips with staff.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I give my permission to publish photographs of my child in the news media.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Applications can be returned via:  
Sarah Smith-Mott at [smott@newmilfordvna.org](mailto:smott@newmilfordvna.org)  
Drop off/Mailed to New Milford VNA & Hospice



68 Park Lane Road  
New Milford, CT 06776  
Telephone: 860.354.2216  
[newmilfordvna.org](http://newmilfordvna.org)