



TOWN OF NEW CASTLE CAMPS

HAND SANITIZER DISTRIBUTION AUTHORIZATION FORM

Please complete and sign this form allowing camp staff to distribute EPA approved hand sanitizer to your camper between handwashing or if handwashing is unavailable.

I, _____, consent to have day camp staff distribute EPA approved hand sanitizer to my child, _____, when necessary; such as in between handwashing or if handwashing is unavailable.

Child's Name: _____ Group: _____

Parent/Guardian Signature: _____ Date: _____