



PARENT CONSENT TO RELEASE INFORMATION

Dear Parents: This form provides your consent for us to gather insights from 2 primary teachers who work closely with your child and observe their social interactions. We require two references please. Their input will help us determine if Camp Willow is the right fit for your child.

Please complete this form, sign and email it to: **Samantha@CampWillowUSA.com**. It would be helpful if you inform them that you have authorized them to share information with us and that we will be reaching out to them providing the Consent Form and a Questionnaire.

Thank you for your cooperation!

Important Notice:

Please ensure this form and questionnaires are completed and returned promptly. After reviewing the materials, we may contact you with any additional questions.

I understand that all information provided will be kept confidential and will only be shared with Camp Willow staff as necessary.

By signing below, I grant permission for Camp Willow to obtain information about my child and share it exclusively with Camp Willow staff to help them evaluate and provide the appropriate support for my camper's experience.

Teacher / Professional Name #1: _____

Professional Title: _____

Email: _____ **Phone:** _____

Child's Name: _____

Parent's Name: _____

Parent's Email: _____ **Parent's Phone:** _____

Parent's Signature: _____

Email Signed copy to: Samantha@CampWillowUSA.com

THANK YOU



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Teacher / Professional Name #2: _____

Professional Title: _____

Email: _____ **Phone:** _____

Child's Name: _____

Parent's Name: _____

Parent's Email: _____ **Parent's Phone:** _____

Parent's Signature: _____

Email Signed copy to: **Samantha@CampWillowUSA.com**

THANK YOU