Health Information Privacy Protection Act
Acknowledgment From

Camper Name: ________________________________
(Print Name)

Camper Date of Birth: __________________________
(Month, Day, Year)

I acknowledge that I have been given a copy of the Wonderland Camp
Health Information Privacy Protection Act policy.

________________________________________________________________________
Print the first name, middle initial and last name of camper/parent/guardian

________________________________________________________________________
Signature of camper/parent/guardian

________________________________________________________________________
Date

Please check on one of the following to indicate the relationship
between the camper of the person whose signature appears on the
line above.

_____Camper    _____Camper’s Parent    _____Camper’s Guardian

Camper refused to sign form: _____