

Camp Gizmo 2019 Sibling Group Release Form

I, _____, give my permission to
allow my child/children:

(ages 7 and up and please list child and age)

to attend the Camp Gizmo Sibling Support Group. The activities will include games, crafts, snacks and time to talk about their special needs siblings in a group setting. No one is required to talk about their brother/sister but the opportunity will be open for all who do. Because a feeling of safety/security is essential, any conversations about brothers/sisters are confidential.

Parents Signature and Date

Please return with your application by April 15, 2019:

LeAnn Ruddle

RVCDS

Attn: Camp Gizmo

611 Seventh Ave Suite 322

Huntington WV 25701