



Experience Your Creator **CAMP SUSQUE INC.**

www.susque.org 47 Susque Camp Road, Trout Run, PA 17771 susque@susque.org 570.998.2151

YOUTH SUMMIT CHAPERONE INFORMATION FORM

CHURCH: _____

CHAPERONE INFORMATION:

Name: _____ Phone: _____

Address: _____ Email: _____

Please Note Dietary Restrictions: _____

CHAPERONE EXPECTATIONS

- Chaperones are responsible for collection and administration of prescription medicines for their students
- Chaperones are responsible for student discipline, spiritual counsel, as well as basic medical care*
- Chaperones are strongly encouraged to participate in all activities with students
- Chaperones should be present for entirety of event
- Chaperones will lodge with their students

**Camp Susque staff are able to assist with basic First Aid and CPR*

Signature: _____

Date: _____

PLEASE TURN THIS FORM IN TO YOUR CHURCH.



You are worthy, O Lord, to receive glory and honor and power; for you have created all things, and for your pleasure they are and were created.

Revelation 4:11

