



Return Completed Form To:
Camp MOE
314 Main Street
Torrington, CT 06790
860-618-2800
Sept – Jun 15 Fax: 860-489-2492
Jun 16 – Aug Fax: 860-618-2800

TICKS & LYME DISEASE POLICY

At Camp MOE, we take Lyme disease seriously. Because of the nature of our outdoor program, we need to be cautious of ticks. It is **your** responsibility to check you camper each night for ticks. Please sign the form below and return it to Camp MOE (if you did not complete online).

If you have any questions, please feel free to contact me at srenzullo@litchfieldarc.org or at 860-618-2800.

I, _____, have read Camp MOE's Tick & Lyme Disease Policy and I understand that it is my responsibility to check my camper _____ for ticks after the conclusion of his/her camp experience each day.

Parent/Guardian Signature: _____

Date: _____