



CAMPER PICK-UP AUTHORIZATION

Your child will be dismissed at the end of each camp day to only those persons listed below. Please complete this information and return it to the camp office as soon as possible.

PLEASE NOTE: If your child uses camp transportation, this form must still be completed in the event that your child is picked up by someone other than his or her assigned driver.

CHILD'S NAME: _____ **AGE:** _____

AUTHORIZED PERSONS:

Name: _____ Relationship: _____

Home Phone: _____ Cell: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell: _____

Signature of Parent or Guardian: _____

Name of Parent or Guardian: _____

Date: _____