

PICK UP AUTHORIZATION

Camp: _____

Participant: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Please fill out either Section I or Section II.

SECTION I

In addition to myself, the individuals listed below are hereby authorized to pick up my child from the Camp. I understand my child **WILL NOT** be permitted to leave the Camp with anyone who is not listed below. Authorized persons may be requested to show identification to Camp Staff. My child **WILL NOT** be released to individuals who fail to provide acceptable identification upon request.

AUTHORIZED PERSON
TO CHILD

PHONE NUMBER

RELATIONSHIP

AUTHORIZED PERSON TO CHILD	PHONE NUMBER	RELATIONSHIP

Parent/Guardian Signature: _____

Date: _____

SECTION II

I hereby give permission for my child to drive himself/herself. My child has a valid driver's license and auto liability insurance. I understand that keys may be collected by Camp Staff, and that my child will not be permitted to drive during the Camp.

Parent/Guardian Signature: _____

Date: _____