

# PICK UP AUTHORIZATION

CHILD'S NAME: \_\_\_\_\_

SESSIONS/WEEKS ATTENDING: \_\_\_\_\_

THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD FROM THE SUMMER ADVENTURES CAMP. **PARENTS & GUARDIANS: PLEASE REMEMBER TO INCLUDE YOURSELVES ON THIS FORM!** I UNDERSTAND MY CHILD WILL BE ALLOWED TO LEAVE WITH THESE INDIVIDUALS ONLY. PHOTO IDENTIFICATION WILL BE REQUIRED TO SIGN CHILD OUT. PLEASE PRINT LEGIBLY.

AUTHORIZED PERSON #1: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

AUTHORIZED PERSON #2: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

AUTHORIZED PERSON #3: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

AUTHORIZED PERSON #4: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

(OVER)

AUTHORIZED PERSON #5: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

AUTHORIZED PERSON #6: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

THE FOLLOWING PERSON(S) ARE **NOT** ALLOWED TO PICK UP MY CHILD:

\_\_\_\_\_  
\_\_\_\_\_

*\*APPROPRIATE CUSTODY PAPERWORK MUST BE ATTACHED IF A PARENT IS NOT ALLOWED TO PICK UP A CHILD.*

MY CHILD IS ALLOWED TO (PLEASE CHECK):

\_\_\_\_\_ WALK HOME      DAY(S): \_\_\_\_\_

TIME(S): \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_