

Camper Name _____
Last First



Bring this form with you, completed, on check-in day.
DO NOT MAIL!

I authorize the people listed below, in addition to myself, to pick up my camper from summer camp.

Name of Parent/Guardian Signature of Parent/Guardian _____ /_____/_____
Date Signed
Cell Phone: (____) _____ - _____ Home Phone: (____) _____ - _____

List at least three (3) individuals, in addition to yourself, who you authorize to pick up your camper from camp or bus drop-off site. The individual picking up your child will be required to show their photo ID, matching the name on this form. Camp Staff will not release your camper to anyone not listed on this form.

1. _____
Name of Authorized Individual Relationship to the Camper
Cell Phone: (____) _____ - _____ Home Phone: (____) _____ - _____
2. _____
Name of Authorized Individual Relationship to the Camper
Cell Phone: (____) _____ - _____ Home Phone: (____) _____ - _____
3. _____
Name of Authorized Individual Relationship to the Camper
Cell Phone: (____) _____ - _____ Home Phone: (____) _____ - _____
4. _____
Name of Authorized Individual Relationship to the Camper
Cell Phone: (____) _____ - _____ Home Phone: (____) _____ - _____

PICK UP DAY ONLY

Signature of Individual Picking Up Camper _____ /_____/_____
Date Signed

DO NOT WRITE BELOW LINE

For Office Use Only

Departure Method _____ Last Session before Departure _____ Meds? Yes No