



SUMMER CAMP (2017) _____

Please list your alternate family member, friend or day care provider approved to pick up your student from the _____ (Name of Camp).

This information will be kept on file so that your student will be released only to those individuals authorized by you, the parent or guardian. Please provide name, cell phone number and State Driver's License or appropriate picture ID for verification for each alternate.

Student's Name (print) _____

Parent/Guardian Name (print) _____

People authorized by the undersigned to pick up named student/s from the Camp named above:

Authorized Individual _____

Cellphone _____ State DL# _____

Authorized Individual _____

Cellphone _____ State DL# _____

Authorized Individual _____

Cellphone _____ State DL# _____

Parent/Guardian Signature _____ Date _____

NOTE:

A proper form of identification will be required to release a child to anyone other than parent(s) or guardian(s). To deviate from this form once the program is in session, a written, well documented, and signed letter from the parent(s) or guardian(s) will be required. Program personnel will not release any student to anyone without proper identification. Please, make sure you abide to this rule. There are absolutely NO exceptions.