

PICK-UP AND DROP OFF FORM

The following person will normally drop off and pick up my child:

Name: _____

Address: _____

Telephone: _____ Cell Phone: _____

Signature: _____

This person will drop off my child at camp at _____ A.M., and pick up my child at Camp at _____

In case of an emergency, or if the designated person cannot be contact to pick up my child, I hereby authorize the following persons(s) to pick up my child:

Name: _____

Address: _____

Telephone: _____ Cell Phone: _____

Signature: _____

Name: _____

Address: _____

Telephone: _____ Cell Phone: _____

Signature: _____

Name: _____

Address: _____ Cell Phone: _____

Telephone: _____

Signature: _____

Parent's Signature: _____

The following persons may not remove my child from camp:

Name: _____

Name: _____

Custody Papers are on file: YES _____ NO _____

The above information was provided by:

Signature: _____ Date: _____