

CAMP 62I

Authorization to Pick Up Camper Form



Please print legibly

Camper Name: _____

Camper Grade: _____

Name of Person Signing Form: _____

Relation to Camper: _____

Names of persons authorized to pick up camper:

Name: _____

Relation to Camper: _____

Name: _____

Relation to Camper: _____

Name: _____

Relation to Camper: _____

I hereby certify that the above stated persons are authorized to pick up my child at the end of his or her camp session, or for any emergency that may arise if I cannot be contacted. I request that 621 Gallery staff follow standard first-aid procedures in the event of an accident or injury regarding my child. I understand that I will be notified if possible (or a designated contact person) if my child becomes ill during the day. If I cannot be contacted, 621 Gallery is to contact my physician and follow his or her directions.

Parent/Guardian Signature

Date