Summer Camp PICK-UP AUTHORIZATION FORM

Child's Full Name:	DOB:	AGE:
Primary Address:	City:	Zip:
Address 2 (if applicable):		
(Contact this parent first)	(Contact this parent second)	
Parent Name:	Parent Name:	
Work Phone: Cell Phone:	Work Phone:	Cell Phone:
Employer:	Employer:	
Address:	Address:	
Email:	Email:	

Are there any custody agreements, restraining orders, or any other information of which we should be aware? If so, please describe: ______

_____authorize the following named persons to

(Legal Parent or Guardian) pick up _____

_____ from Zion Lutheran Summer Camp.

(Child's Name)

If at any time during the summer, names are added or deleted from the list, I must notify Summer Camp personnel. No other persons shall be allowed to take the above named child from the premises.

Signature of Parent/Guardian: _____

Date: _____

Please remember that if we cannot identify one of the persons named below by sight, we may require proof of identity to be shown. If identification cannot be produced in such a situation, your child will not be allowed to leave until the situation is resolved by that person obtaining identification or through a phone call to you.

The safety of your child is very important to us. We want to thank you, in advance, for your understanding and cooperation in helping us keep all the children as safe as possible.

Please list all adults authorized to pick up your child from Zion Lutheran Summer Camp. Include yourself when listing authorized adults.

<u>Name</u>

I, ____

Relationship to Child

Phone #