

ALTERNATIVE PICKUP AUTHORIZATION FORM

Camper will only be released to a parent/guardian unless advanced written authorization is provided by a parent/guardian designating and authorizing an alternative person.

Camp Name: _____

Camp Location: _____

Camp Dates: _____

Camper Name (first and last): _____

**Please advise your authorized pickup person that he/she must show a valid driver's license or other photo proof of ID with information matching your Alternate Pickup Authorization Form in order for your child to be released to him/her.*

I, _____, the parent/guardian of _____, give permission to the following individuals to pick up my child from camp.

Name of Alternate Pickup Person #1: _____

Date(s) of Alternate Pickup: _____

Name of Alternate Pickup Person #2: _____

Date(s) of Alternate Pickup: _____

Name of Alternate Pickup Person #3: _____

Date(s) of Alternate Pickup: _____

Name of Alternate Pickup Person #4: _____

Date(s) of Alternate Pickup: _____

Parent/Guardian Signature: _____

Date: _____