

SHORE SUMMER CAMP

EMERGENCY CONTACT & AUTHORIZED PICK UP

Child's Name _____ Group _____

Parent/Guardian Signature _____ Date _____

I authorize the following people to pick up my child from Shore Summer Camp. All others MUST present a written request from me for my child to be discharged into their hands, and such in writing absolves Shore Summer Camp from responsibility after the child leaves the camp. Shore Summer Camp has the right to verify identification by asking for proof of ID, such as a driver's license.

ONLY 2 CONTACTS REQUIRED

1. CONTACT NAME _____ RELATIONSHIP TO CHILD _____

PHONE: CELL _____ WORK _____ HOME _____

2. CONTACT NAME _____ RELATIONSHIP TO CHILD _____

PHONE: CELL _____ WORK _____ HOME _____

ADDITIONAL CONTACTS OPTIONAL

3. CONTACT NAME _____ RELATIONSHIP TO CHILD _____

PHONE: CELL _____ WORK _____ HOME _____

4. CONTACT NAME _____ RELATIONSHIP TO CHILD _____

PHONE: CELL _____ WORK _____ HOME _____

5. CONTACT NAME _____ RELATIONSHIP TO CHILD _____

PHONE: CELL _____ WORK _____ HOME _____