

AUTHORIZATION FOR CHILD RELEASE

Child's Name: \_\_\_\_\_ Grade as of January 2020: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade as of January 2020: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade as of January 2020: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade as of January 2020: \_\_\_\_\_

In addition to the parents listed on the Health and Wellness form, XL Summer Camp requires that parents/guardians provide a list of authorized persons who may pick up their child from XL Summer Camp. The names of all authorized persons must be on file with the Camp Office prior to your child's attendance. Only authorized persons will be permitted to pick up children from the camp. To make changes to this form you may do so by emailing the Camp Administrator. Please make sure that any person (including parents) picking up your child always has proof of identification. Any changes/additions to this list MUST be done in writing.

PLEASE NOTE: Under no circumstances will we release campers to anyone who is not listed below.

I authorize the following individuals to pick up my child from XL Summer Camp:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home/Work #1: \_\_\_\_\_ Cell #2: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home/Work #1: \_\_\_\_\_ Cell #2: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home/Work #1: \_\_\_\_\_ Cell #2: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home/Work #1: \_\_\_\_\_ Cell #2: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home/Work #1: \_\_\_\_\_ Cell #2: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home/Work #1: \_\_\_\_\_ Cell #2: \_\_\_\_\_

PARENT/GUARDIAN AGREES TO:

I understand and agree that XL Summer Camp's staff may release my child at the end of the day only to the above-named individuals. I also understand that no one will be permitted to pick up my child without identification.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_