



Summer Day Camp Program

RELEASE OF CHILD

CHILD'S NAME: _____

PROGRAM: _____ **CHILD'S AGE:** _____

PARENTS/GUARDIANS NAME: _____

If a person other than yourself will be picking up your child from the Program at any time, please provide the name(s) of the person(s) below. If a person should come in to pick up your child who is not on this list, we will not release your child due to safety reasons unless we hear otherwise from you.

1. _____
2. _____
3. _____
4. _____

Parents/Guardians Signature: _____

Date: _____

Thank you for your cooperation with this matter.