

Child's Name _____ Group # _____



**CAMP AUXILIUM SUMMER CAMP
2018 PICK-UP AUTHORIZATION FORM**

The following people have my permission to pick up my child when I am unavailable to do so.

Name	Phone Number	Relationship
_____	(____)____-_____	PARENT/GUARDIAN
_____	(____)____-_____	PARENT/GUARDIAN
_____	(____)____-_____	Grandparent
_____	(____)____-_____	Grandparent
1. _____	(____)____-_____	_____
2. _____	(____)____-_____	_____
3. _____	(____)____-_____	_____
4. _____	(____)____-_____	_____
5. _____	(____)____-_____	_____

_____ Date _____
Parent/Guardian Signature

FOR THE SAFETY OF YOUR CAMPER WE ARE ASKING YOU TO COMPLETE THIS FORM. THIS FORM IS NOT VALID UNLESS SIGNED BY THE PARENT/GUARDIAN.