



Transportation Authorization Form for Summer Camp

Student Name _____

Age _____

People authorized to pick up my child/children from summer camp:

Name _____

Phone: _____

Name _____

Phone: _____

Name _____

Phone: _____

Name _____

Phone: _____

Name _____

Phone: _____

Name _____

Phone: _____

Name _____

Phone: _____

Name _____

Phone: _____

Name _____

Phone: _____

Name _____

Phone: _____

The following people are NOT authorized to pick-up my child from summer camp (please explain): _____

Parent/Guardian Signature _____

Date _____

If you would like to add additional people to your pick up list, please notify the office in writing. *For your child's safety, no child will be released without your written permission.*
