



2017 Emergency & Pickup Permission

Return Form By May 1st

Camper's Name: _____

Camper's Name: _____

Camper's Name: _____

Purchase Day Camp will release camper(s) to either parent unless specific arrangements have been made with the Camp Director. Please look over the parent information and make any necessary corrections. Each contact you list will be authorized to drive your child/children home and must be able to provide identification when picking up. We also require you to provide three Emergency Contacts in case your child needs to be picked up from camp due to illness or injury and we cannot reach a parent. Please check the box if you want to use that person as an emergency contact, checking at least 3. Please be sure to sign the bottom of the page.

Parent Information:

Parent 1: _____	Parent 2: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Email: _____	Email: _____

Name: _____	Address: _____	Please Check Below to use this person as an Emergency Contact. Check at Least 3.
Home Phone: _____	Cell Phone: _____	<input type="checkbox"/> Emergency Contact
Bus. Phone: _____		
Name: _____	Address: _____	Please Check Below to use this person as an Emergency Contact. Check at Least 3.
Home Phone: _____	Cell Phone: _____	<input type="checkbox"/> Emergency Contact
Bus. Phone: _____		
Name: _____	Address: _____	Please Check Below to use this person as an Emergency Contact. Check at Least 3.
Home Phone: _____	Cell Phone: _____	<input type="checkbox"/> Emergency Contact
Bus. Phone: _____		
Name: _____	Address: _____	Please Check Below to use this person as an Emergency Contact. Check at Least 3.
Home Phone: _____	Cell Phone: _____	<input type="checkbox"/> Emergency Contact
Bus. Phone: _____		

Sign Here _____

Date _____