



2010 Contact Authorization Form

FORM #2

To be completed by Parent or Guardian
Return form by: May 1st

Child's Name: _____ Group: _____

Child's Name: _____ Group: _____

Please fill out the contact information below and check the appropriate authorization boxes using the following criteria. **Please check and initial all that apply and include parents as contacts:**

Visitor: Someone you authorize to visit your child at Purchase Day Camp.

Pickup: Someone you authorize to transport your child from Purchase Day Camp.

Emergency: Someone you authorize Purchase Day Camp to call and release your child to if a parent cannot be reached.

Be sure to and initial each authorization and sign at the

Parent: _____ Address: _____ City: _____ State: _____ Zip: _____ Home Phone #: _____ Cell Phone #: _____ Office Phone #: _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;"><i>Authorization</i></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: right;"><i>Your Initials</i></td> </tr> <tr> <td style="text-align: right;">Visitor</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">_____</td> </tr> <tr> <td style="text-align: right;">Pickup</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">_____</td> </tr> <tr> <td style="text-align: right;">Emergency</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: right;">_____</td> </tr> </table>	<i>Authorization</i>	<input checked="" type="checkbox"/>	<i>Your Initials</i>	Visitor	<input type="checkbox"/>	_____	Pickup	<input type="checkbox"/>	_____	Emergency	<input type="checkbox"/>	_____
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Sign Here


Signed _____ Date _____


Additional authorizations on reverse side.


Name: _____	Authorization 	Your Initials
Address: _____	Visitor <input type="radio"/>	_____
City: _____ State: _____ Zip: _____	Pickup <input type="radio"/>	_____
Home Phone #: _____	Emergency <input type="radio"/>	_____
Cell Phone #: _____		
Office Phone #: _____		

Name: _____	Authorization 	Your Initials
Address: _____	Visitor <input type="radio"/>	_____
City: _____ State: _____ Zip: _____	Pickup <input type="radio"/>	_____
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Sign Here 

Signed _____ Date _____

Complete other side first.