PERFORMING ARTS WORKSHOPS SUMMER CAMP

CHILD PICK UP AUTHORIZATION NOTE

Camp Location: _____ Session(s): _____

Please complete the information below to designate and authorize the person(s) who have your express consent to sign out and pick up your child/children from camp on a regular/daily basis.

Parents **MUST** provide the camp director with a separate written note on the morning of any day in which a person **NOT** listed below will have your permission to sign out and pick up your child from camp for play-dates & other out of the ordinary situations.

"In addition to myself, **I,** _____**,** authorize the following
(Full Name of Parent/ Guardian)

people to pick up and sign out _____ from camp on a regular/daily basis."
(Name of Child/Children)

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

_____ _____
(Signature of Parent/Guardian) (Date)