



**Authorization for Pick Up
Emergency Contacts**

STUDENT'S NAME (s): _____

Name of Parent(s) or Guardian(s): _____

Please list up to three people, other than the parent/guardian(s), who are 1) a good alternate contact in case of emergency, and 2) authorized to pick your child(ren) up from camp.

1.) Name: _____ Relationship to Student(s): _____

Home Phone: _____ Work Phone(s): _____

Cell Phone(s): _____ Email Address(es): _____

2.) Name: _____ Relationship to Student(s): _____

Home Phone: _____ Work Phone(s): _____

Cell Phone(s): _____ Email Address(es): _____

3.) Name: _____ Relationship to Student(s): _____

Home Phone: _____ Work Phone(s): _____

Cell Phone(s): _____ Email Address(es): _____

The following individuals are NOT authorized to pick up my child(ren) from After School :

Signature _____

Printed Name _____

Date _____