



Please print. Complete form in black or blue ink only.

Emergency Contact & Authorization for Pick-Up

PLEASE COMPLETE ONE FORM PER FAMILY

Family Last Name _____ Home Phone _____

Camper's Names _____, _____

_____, _____, _____

Parent's Name _____ Parent's Name _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

If your child is sick or needs to be picked up for any reason, we will not release your child to anyone who is not listed on this Authorization for Pick-up Form. This is for your child's protection. When you know your child will be picked up by someone other than is on this form, you must send a signed, dated note on that day stating who will be picking up and at what time. Please make sure they bring a picture ID. We will check their ID.

Authorized to pick-up my child from camp

Name _____ Relationship to Child _____

Address _____

Daytime Phone _____ Cell Phone _____

Authorized to pick-up my child from camp

Name _____ Relationship to Child _____

Address _____

Daytime Phone _____ Cell Phone _____

Authorized to pick-up my child from camp

Name _____ Relationship to Child _____

Address _____

Daytime Phone _____ Cell Phone _____

I authorize my camper to be dismissed from camp at the JCC without an adult present
(Must be entering 6th grade Fall 2010)

Parent/Guardian Signature _____