Chief Solano Day Camp – Authorization for Pick Up

Camper's Name: _____

The following persons are authorized to pick up my child from camp in the event that they need to be released without the adults attending the camp program. I understand that these people, including myself, will be asked to show identification to the staff member at checkout.

PLEASE INCLUDE YOURSELF ON THIS FORM IF YOU WILL BE PICKING UP YOUR CHILD.

Name	Relationship	Phone Number

Parent/Guardian Name: _____

Signature: _____ Date: _____

FOR USE AT CAMP

Date	**Sign In**	**Sign Out**
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____