

Camper Pick-up Authorization Form

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Child(ren) First and Last Name:

_____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

Phone Number(s):

Home:

Cell:

Work:

Additional Individuals Authorized for Camper Pick-Up

Your child(ren) will **only** be released to parents listed above or individuals listed below. IDs will be checked at pick-up. If at any time you need to add or remove individuals, additional forms can be completed. In the event of an emergency pick-up, please contact the front desk at 708-352-3099

Full Name: _____

Relation: _____

Cell Phone: _____

Additional Information:

Full Name: _____

Relation: _____

Cell Phone: _____

Additional Information:

Full Name: _____

Relation: _____

Cell Phone: _____

Additional Information:

Full Name: _____

Relation: _____

Cell Phone: _____

Additional Information:

Full Name: _____

Relation: _____

Cell Phone: _____

Additional Information:

Full Name: _____

Relation: _____

Cell Phone: _____

Additional Information:

