

EMERGENCY CONTACTS and SIGN OUT AUTHORIZATION
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Child's Name _____ Day Camp Den _____
 (leave blank if unknown)

List below the names of any and all persons allowed to sign your child out from Day Camp early. Include the name of your Pack or Den Leader who will be at camp. **Only the persons listed below will be allowed to pick up your child before car line.** This list MUST include parents or guardians' names. Identification of the person signing out the child from Day Camp may be verified with their driver's license.

Please note there is no ID check for pick up during car line. Let the Camp Director know if there are any custody issues. All information will be kept confidential.

NAME	RELATIONSHIP TO CHILD	CELL PHONE	WORK PHONE	HOME PHONE
PARENT/ GUARDIAN NAME				
PARENT/ GUARDIAN NAME				
PACK/ DEN LEADER NAME				
EMERGENCY CONTACT NAME				
EMERGENCY CONTACT NAME				
EMERGENCY CONTACT NAME				

I understand that **ONLY THE ABOVE LISTED** persons will be allowed to sign out my child. Permission to sign out CANNOT BE GRANTED OVER THE PHONE.

 Signature of parent or guardian

 Date

**DO NOT WRITE BELOW
 THIS SECTION WILL BE COMPLETED AT DAY CAMP**

DATE	SIGNATURE	PRINT NAME	TIME OUT
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			