

AFTER CARE Authorized Pick Up

Please use the space below to notify Camp Fire who is allowed to pick up your child. Please complete the required information for each authorized pick up person. If at any time these people change, please notify the site director, in writing. If a pick up person is someone other than that listed, please include a signed note indicating such.

Child's Name: _____

| Name of Authorized Person | Relationship | Contact Phone Number |
|---------------------------|--------------|----------------------|
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I, the undersigned, give my permission to release my child to the above named person(s). I understand that I am responsible for updating this information in writing.

SIGNED _____ DATE _____

RELATIONSHIP _____

PHONE NUMBER _____