Pick Up Authorization

The following people are authorized to pick up my child from the EZPZ Summer Camp.

I understand my child will be allowed to leave with these individuals only. Identification will be required.

Child's Name: _____
(Parents/Guardians, please include yourselves)

Authorized Person #1:_____
Address: _____
Phone: _____
Relationship: _____

Authorized Person #2_____
Address: _____
Phone: _____
Relationship: _____

Authorized Person #3:_____
Address: _____
Phone: _____
Relationship: _____

Authorized Person #4:_____
Address: _____
Phone: _____
Relationship: _____

*Name of persons NOT allowed to pick up my child:
_____

Parent/Guardian Signature: _____ Date:_____