



CAMP AUXILIUM AUTHORIZED PICK-UPS

Child's Name _____

Class _____

The following people have my permission to pick up my child when I am unavailable to do so.

Name	Phone Number	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____

Parent/Guardian Signature

Date