



PARENTAL CONSENT FOR CAMPER PICK-UP

I authorize _____ to pick up my child(ren)
Name/Phone Number

Child(ren)'s Name(s)

on _____
List Date(s)

I have instructed this person about the pick-up procedures and that proper identification will be verified by staff before my children are released. I understand that the authorized person must pick up by the designated end time of camp and that late pickup fees will apply if my child(ren) is not picked up on time. This authorization remains in effect for the dates indicated unless otherwise rescinded by the parent/guardian.

Parent/Guardian Name (Printed)

Signature

Date

Please return completed form to summerfuncamps@stmaryscountymd.gov.