Pick-Up Authorization Extended Day 2027

Child's Full Name: _____ **DOB:** _____

Primary Parent/Guardian's Name: _____

Phone Number: _____ **Email:**_____

Authorized Pick-Up Individuals

I authorize the following individuals to pick up my child from Bethany Parks & Recreation. I understand that these individuals will be asked to present a valid photo ID. Please include Parents/Guardians.

Pick-Up Individual Full Name: _____

Relationship to Student: _____

Phone Number: _____

Pick-Up Individual Full Name: _____

Relationship to Student: _____

Phone Number: _____

Pick-Up Individual Full Name: _____

Relationship to Student: _____

Phone Number: _____

Pick-Up Individual Full Name: _____

Relationship to Student: _____

Phone Number: _____

Authorization

I understand that my child will only be released to the individuals listed above unless I provide written notification or authorization. I agree to update the camp immediately if there are any changes.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____