

OVIEDO SUMMER CAMP PROGRAM PERMISSION TO PICK UP FORM

I, _____, authorized parent/legal guardian of _____, give permission for the following person to pick up my child(ren) from this Oviedo Recreation and Parks program. Only those individuals listed below shall be granted permission to pick up the child(ren). PLEASE DO NOT FORGET TO LIST THE PARENTS. No child(ren) shall be released to a person unless said person is included on this list and proper picture identification as been provided. THOSE LISTED BELOW AS AUTHORIZED TO MAKE DECISIONS FOR MY CHILD(REN) MAY BE CALLED IN CASE OF EMERGENCY OR TO AUTHORIZED OTHERS NO LISTED TO PICK UP THE CHILD(REN) LISTED ABOVE.

Name *AUTHORIZED DECISION MAKER (parent/legal guardian)

Relationship

Telephone Number

Name *AUTHORIZED DECISION MAKER (parent/legal guardian)

Relationship

Telephone Number

Name

Relationship

Telephone Number

Name

Relationship

Telephone Number

Name

Relationship

Telephone Number

Name

Relationship

Telephone Number

Name

Relationship

Telephone Number

Name

Relationship

Telephone Number

MY CHILD(REN) WILL WALK OR BIKE TO CAMP.

_____ YES*

_____ NO

*IF YES, PLEASE INDICATE THE
TIME YOUR CHILD WILL BE
DISMISSED FROM CAMP DAILY:

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Signature

Date